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ORIGINAL COMMUNICATIONS.

CAN DISEASES BE JUGULATED?

By Prof. John Fearn, M. D., Oakland, California.

DURING the last eight or ten years, the words jugulate and jugulated are terms that have been rather frequently made use of in medicine; before that time they had little or no place in ordinary medical literature; as witness the fact that the ordinary medical dictionary, and even the general dictionary as a term with the meaning ordinarily attached to it by medical men to-day, has no place for these words.

In Webster's dictionary I find the word jugulate means to cut the jugular vein off, to cut off the throat. Jugulation is said to mean cutting of the throat, hence any interference by which something is brought to an end. Hence, according to this, to jugulate a case of sickness would be to bring that case to an end; a modified meaning would be, any procedure which would modify any given case of sickness, so that its usual course should be very much changed, and the usual time of its duration should be considerably curtailed.

If you ask me if I believe the ordinary diseases the physician is called to treat may be brought to a sudden ending, just as we can bring a sudden ending to life by cutting off the jugular vein, I answer, I do not believe they can be thus cut off. But I do most certainly believe (and I come to this conclusion from observation and experience) that the ordinary sicknesses of the body may be modified in point of suffering, and also in point of duration, to a very large extent, by proper medical care and treatment; and this is what I understand by jugulating disease.

According to this explanation of the meaning of the word jugulate, the early Botanic and Eclectic physicians were very successful in jugulating disease. Their methods, undoubtedly, were very crude, often very distasteful when compared with modern æsthetic means, yet no fair minded person acquainted with the practice of these men will cast a shade of doubt on the fact of their eminent success in the practice of medicine.

When I first began the systematic study of medicine, it was my good fortune to come under the care of one of these men, and I was with him for a period of about eight years, enjoying his instructions, and witnessing his success. He was equally at home in the treatment of either acute or chronic disease. But it was in the treatment of fevers where he especially shone. His success was such that his fame spread for a long distance, and he was in much demand; the people among whom he practiced named him *Fever Master*. I never knew a man with as much practice as he had, to have as little use for undertakers as he had. And this man was only a type of hundreds of men in England and America, who had like success. And what were the diseases they thus jugulated? Such diseases as pleuritis, pneumonitis, pericarditis, peritonitis, enteritis, bilious, idiopathic, and continued fevers, and the last which I will mention, but not the least to be dreaded, cynanche maligna, or putrid sore throat. Ever since I have been able to reason on these subjects, I have thought with Pierre Bretonneau, of Tours, that this putrid malignant cynanche was nothing but diphtheria. These Eclectic fathers jugulated these diseases; that is, according to my interpretation, they very much modified or changed them in severity, and wherever it was possible reduced the duration of these diseases.

These men knew nothing about phagocytes or phagocytosis; but they did understand the importance of sustaining the vital forces, and this they did by being careful to get the stomach into such condition that it would crave food, and then be able to digest and assimilate it. The science of bacteriology and the germ theory of disease, were things which gave them no anxiety; but they did understand the importance of restoring restrained secretion; they knew well how to open the great flood-gates of waste, and stimulate all the emunctories, and thus get rid of poisonous and cacoplastic material, and so leave disease nothing to fatten on.

And what were the remedies used by these men? They knew nothing of high-priced German remedies; ovarine, cerebrine, testine, spermine, cardeine, and antitoxine, were remedies of which they had never heard. Their remedies were herbal, prepared in the form of infusions, decoctions, tinctures, some extracts, and a liberal use of hydropathic measures. With these simple weapons they fought disease, and obtained results which were remarkable. They laid the foundation on this continent of the American system of medicine—a system which in the hands of their successors is still a successful sys-

tem. Physicians of the Eclectic school have been men of deeds and not words; while others have been dealing in high sounding words, they have been applying practical therapeutics. In fact, without knowing it, they have been jugulating disease all over this broad land; they have been proving that it is possible to rob disease of its terrors, both as to the severity of suffering and the time over which such suffering shall extend. And if we ask these physicians, from Maine to California, whether diseases can be jugulated, they will answer with a confidence born of past successes, yes, they can.

But now to come down to one phase of disease, we ask the question that is uppermost in the minds of very many physicians, and that is, Can typhoid fever be jugulated? With the former explanation of this term in view, I answer without the least hesitation or mental reservation whatever, Yes, typhoid fever can be jugulated. Before going into this subject further, I would call attention to an article in the *American Medical Journal*, by P. A. Spain, M. D., Paris, Texas. Taking it as a whole, it is the best medical journal article I have seen, and for the good sense it contains I could wish it were copied into every medical journal in the land. I believe with Dr. Spain, that in a given case, where we are not called to the case until there is degeneration of mucous membrane and serious involvement of Peyer's glands, it savors of quackery to talk about breaking up such a case in ten days. I would say here most emphatically it can not be done.

The trouble is, cheap reputation is made by a class of physicians by calling simple cases of fever typhoid fever, which, under proper treatment, should not last over two days.

Let me illustrate. Some years ago I was asked while away from home, to prescribe for a lady who had fever. As I could get no particulars, I sent a simple aconite fever prescription. The next morning I saw a member of the family who informed me that the medicine did no good; so they called in a physician that night. The next morning he called again; the fever was gone, and they were informed that the physician had broken up a case of typhoid fever.

Some time ago I heard that a prominent physician was very sick with typhoid fever, and that he had two trained nurses with him, so serious was his case. On the third day I called at the house to inquire, and was told that he was gone to attend to patients at his office. It seems to me this was jugulating with a vengeance. Need I say these were not cases of typhoid fever?

Over twenty years ago I began to teach the doctrine that typhoid fever could be *aborted*. Mind you, I said aborted, not jugulated, and I further stated that if the treatment was begun early it could be brought to a close in the second week. There might occasionally be an exception, as for instance where a perambulating typhoid had not been detected, where the approach had been so insidious that serious bowel lesions had taken place before such lesion was suspected. Such a case as that would do well to get through in three weeks. My asser-

tions were ridiculed, but I proved the truth of these assertions in actual practice. Two men, relatives, came down with the disease—bad cases; one I treated after the abortive method; the fever was broken, and the patient convalescing before the end of the second week. The other was treated by his physician after the old plan; he had a long run of fever. Two other cases soon followed; the force of the disease was controlled, and during the second week physicians, friends of the respective patients, came in, and they were surprised to find everything doing so well. In one case I had been giving mild laxatives to get rid of the poisonous fecal matter in the bowels; my giving laxatives was criticised. In the other case the stomach was doing nicely, and I permitted him to eat a portion of soft baked apple, which was well borne. At this time there was an indication for acids, and I had just been reading an article from the pen of Prof. John King, stating that he had given hard cider in such cases. I gave spoonful doses of cider with the happiest results. These doctors had never heard tell of such a thing, and the apple and cider were criticised, in spite of the fact that the patient enjoyed them, and improved on their use. This experience was had in Ohio, and no one who has practiced on the Western Reserve in that State will doubt about the virility of typhoid fever in that section. The three cases above mentioned, with other experience there, convinced me that the disease could be aborted, or, as we now call it, jugulated.

It is now more than twenty years since the cases mentioned above were treated, and the years that have passed since then have proved to me that my position is right, that typhoid fever can be aborted: and yet it is not long since my position was criticised by a physician in this city.

Soon after coming to California, I took charge of a case that I diagnosed as malignant disease of the bowels. It was characterized by hemorrhages. Typhoid fever set in and was treated on the abortive plan. Soon the typhoid was controlled, and the patient was kept in a condition of comfort; but I prognosed a fatal ending on account of the serious bowel lesion which had been long coming on. The patient's friends would not believe his case so grave; so at my suggestion they called other physicians in counsel. These physicians had nothing to offer; the fever was not the cause of alarm, but, according to my prognosis, it was the hemorrhage from the long continued bowel trouble that caused the fatal termination.

Another case occurring about this time I will note on account of the grave fears it gave rise to among the patient's friends for his life. The bowels had become quite involved when treatment was begun. The usual abortive plan was pursued, with the happiest results; the disease was so controlled that in the second week he was quite comfortable, taking nourishing food and changing from one bed to another every night, so that he had the advantage of a well aired bed, and a freshly ventilated room twice in twenty-four hours. Owing to the

severity of the onset, this case, though doing so well, yet had a few of the characteristic conditions, though in a mild form, for nearly three weeks.

Next a boy about six years old. The case was undoubtedly typhoid, but it did remarkably well, and showed the importance of the use of intestinal antiseptics, for his home and surroundings were not at all what they should have been.

I might give other cases, but the cases I have given are fairly illustrative of the work that can be done. They cover cases in the families of the poor and the homes of the well to-do. They were each and all genuine cases of typhoid, and they answer in the affirmative the question which stands at the head of the latter section of this paper, Can typhoid fever be jugulated, or, as I have put it, aborted? I say again, yes, it can.

You will now be asking, do I use the Woodbridge treatment? I answer, no. Mind you, I do not underrate his methods or belittle his success. He and I have the same general ends in view. Some who are surprised at the doctor's success say, to explain that success, that typhoid fever is not the same as it was twenty or thirty years ago. I answer, if the same bacillus that caused the disease years ago is responsible for the disease to day, then with the same environments and treatment to-day we might expect the same death-rate. Undoubtedly the same bacillus is at work to-day, but under the Woodbridge treatment the death-rate is wonderfully lowered. In my own experience, with the abortive plan, I have not registered a death from uncomplicated typhoid. You may ask what I object to in the Woodbridge treatment. It is that every case is treated practically alike; every case begins with tablets of podophyllin, mercurous chloride mild, guiacol carbonate, menthol, and eucalyptol, and with slight changes this is the treatment for every stage. Now I am too much of a specific medicationist to feel like treating all so nearly alike, and therefore I vary my remedies according to specific conditions or indications. In justice to Dr. Woodbridge it should be said we work for the same end, removing the factor which is the cause of the typhoid, but our methods are a little different.

TREATMENT—*Medicine.*—Be sure in giving remedies to have a specific object in view. No disease furnishes a better field for the student in specific medication than this—study the indications as they arise, then give the specific medicine indicated, each case to be treated on its own merits. These indications once learned are learned for good; they do not have to be unlearned. Nothing is more important in this disease than to watch the workings of the great emunctories. Sometimes the kidneys cannot do their work by means of reason or enfeeblement, then the skin must do vicarious work, its own work, and largely that of the kidneys, get the filth out of the body, for that is the pabulum on which the fever feeds. I have known physicians stand by and say let the fever burn out like the soot burns in a chimney on fire; you

cannot help. But I say while the fever burns up the disease germs there is danger of burning up the body.

Hydropathic Means.—These have been of wonderful service as indicated. I have used cold, tepid, or hot sponging, the comfort of the patient always being consulted. I have used the spirit vapor bath, the hot blanket and tepid sheets pack. I have never put my patients from the warm bed into a very cold bath; to me it has always seemed cruel and unnecessary—the nearest approach has been the cold pack to the abdomen, which, when indicated, has been of remarkable comfort and utility.

Antiseptic Treatment.—The means above reported have kept the patient externally clean. The most important means to keep things sweet and clean within is to give the patient abundance of pure water, and this should be distilled if possible. You cannot give cold water in sufficient quantities; therefore temperature may vary from cold to hot; give plenty. I can remember how I used to be afraid of increasing bowel trouble by the free use of diluents, but I am not now. If conditions are those of alkalinity give acids; if acidity give alkalies with the diluents; water cools, it sweetens, it cleanses. In the first week enemas of plain or medicated water will do good work. I used to rely on water as the antiseptic, but now we have other adjuncts. When first *echinacea angustifolia* came into use I began to use it, but I thought it did not agree with the stomach as well as sulpho carbolate of zinc. I think *echinacea* would be better than *echinacea*. In my hands the sulpho-carbolate of zinc stands in the first rank as an intestinal sweetener. Subnit. bismuth is a very good remedy, so is calomel.

Feeding.—If the foregoing hints have been attended to you will have very little trouble with food; the stomach being kept clean, abundance of good liquid food may be taken, and thus the patient is nourished. I have had but little trouble with my patients; in fact I have had physicians say, how do you keep your patients eating so?

I will close by citing a case in my practice a few weeks ago. A very delicate boy fell sick, after a trip in the country. As showing a common origin, three boys of the party were sick, two were under my care; this one being delicate was the sickest one. For a week the fever continued, though its severity was kept in check. I kept close watch for enteric lesions. When visiting my patient one morning his mother informed me that he was not near so well. On examining the abdomen found he was quite tender in the lower portion of right side of abdomen; there was a good deal of gurgling under slight pressure, his bowels were running with the characteristic colored stools; an enema was given to cleanse the bowels, he was put in a warm blanket pack, and every two hours through the day he took about two grains sulpho-carb. zinc, four grains subnitrate bismuth, and one sixteenth grain of calomel; his fever, which had been going up, began to recede, and the boy did well, the tenderness and tendency to bloating of abdomen, and the high fever soon began to abate. His friends, who had seen

much sickness, were astonished at the results, for his fever had gone up till it reached 105 temperature. But I must close by saying I know by experience diseases can be jugulated, and coming to the point, so much questioned to-day, I say, as I have said for many years, *typhoid fever can be jugulated.*

ECLECTICS AND LIFE INSURANCE.

By John K. Scudder, M. D., Cincinnati, O.

UNFAIR discrimination against Eclectic and Homœopathic physicians, in the appointment of medical examiners, by some of the leading life insurance companies, has caused much discussion in the last seven years. This fact has been discussed pro and con in the several Eclectic State Societies, and in some cases action has been taken. A mild form of boycott against discriminating companies has been advocated by the American Institute of Homœopathy. The National Eclectic Medical Association at Hot Springs in 1891 considered the subject, and declined to take any active measures in the matter.

However, in 1892, the following action was taken. "On motion of Dr. J. M. Scudder, of Ohio, *Resolved*, That the Eclectic physicians of the United States assembled at the annual meeting of the National Eclectic Medical Association, this 17th day of June, 1892, do vigorously protest against the unjust discrimination by certain life insurance companies against the employing of Eclectic physicians to examine their risks; and that we mutually pledge ourselves not to insure in companies that make such discriminations; and furthermore, that we request every Eclectic physician to use all honorable means to prevent his friends and acquaintances from insuring in such companies, if such restrictions be not removed." Ordered, "That the Secretary of this Association give this resolution an extensive circulation among life insurance companies and Eclectic practitioners."

The simple discussion of this subject on the ground of equity alone, has brought about considerable change for the better in the last five years.

The Ohio State Eclectic Medical Association acted in the matter some years previously to this, but did not follow the subject very vigorously; indeed, no list of "discriminating" companies was prepared. The directors of most of the leading companies are *now convinced that liberal physicians are fully qualified* in every sense to make the necessary physical examinations of their risks. Consequently the chief medical director of several of the companies has received instructions to cease discriminating against Eclectic and Homœopathic physicians, and to appoint them when they are selected by agents as local examiners, all other necessary qualifications as examiners being equal.

On March 24, 1893, I addressed the following letter to the secretaries of thirty-four leading life insurance companies of the United States:

*"Dear Sir:—*I have been instructed by the Ohio State Eclectic Medical Association to ask if your company discriminates against Eclectic and Homœopathic physicians in the appointment of medical examiners. An early and definite reply to the following questions will oblige us:

"1. Do you appoint Eclectic physicians as examiners?

"2. Have you at present any Eclectic physicians as examiners, who are known to you as such, and will you give the names and addresses of several?

"It is our intention to classify the companies, and to exert all our efforts toward favoring the companies which do not discriminate in such appointments. Respectfully,

"JOHN K. SCUDDER, M. D., Cor. Sec. O. S. E. M. A.

After receiving a number of replies from the companies addressed I prepared a report on the subject and submitted it to the Ohio Society in June, 1895, and it was afterward printed in the Annual of Eclectic Medicine for 1894, and also in the Eclectic Medical Journal, February, 1894. List A, thus prepared embraced the names of the companies, which are among the largest in the United States, whose secretaries replied fully to my letter of inquiry, and stated that they did appoint Eclectic and Homœopathic physicians, and that they did not discriminate; and since that date, with one exception, I have not had any question arise as to these companies. List B contained the names of the companies whose replies were somewhat indefinite. List C contained the names of the companies whose secretaries openly acknowledged that they appointed regular or allopathic physicians only. List D contained the names of the companies whose secretaries failed to reply.

In November, 1897, I took up the question again, and have had further correspondence with the companies whose position was questionable, and with twenty-two other smaller companies whose addresses I have since secured, and will now classify the names of the companies and their secretaries.

List A—Companies which appoint Eclectic physicians, and are not known to discriminate.

Commenced Business.	Name of Company and Head Office.	Name of Secretary.
1850	Ætna, Hartford, Conn.....	J. L. English.
1894	American Union, New York, N. Y.....	Charles S. Waitney.
1887	Bankers, Lincoln, Neb.....	W. C. Wilson.
1870	Citizens, Atlantic City, N. J.....	Edwin Silver.
1846	Connecticut Mutual, Hartford.....	Edward M. Bince.
1859	Equitable, New York, N. Y.....	William Alexander.
1867	Equitable, Des Moines, Ia.....	J. C. Cummins
1860	Germania, New York, N. Y.....	Hubert Cillis.
1881	Iowa Life, Sioux City.....	R. E. Sackett.
1882	Kansas Mutual, Topeka, Kan.....	John E. Moon.
1850	Manhattan, New York, N. Y.....	Wm. C. Frazee.
1831	Massachusetts Mutual, Springfield.....	Fred. M. Phillips.
1867	Metropolitan, New York, N. Y.....	Geo. B. Woodward.
1867	Michigan Mutual, Detroit.....	James C. Cummins.
1845	Mutual Benefit, Newark, N. J.....	Edw. L. Dobbins.
1866	Mutual, Louisville, Ky.....	William W. Morris.
1850	National, Montpelier, Vt.....	Joseph A. DeBer.
1844	New England, Boston, Mass.....	S. F. Trull.

1845	New York Life, New York.....	Charles C. Whitney.
1858	Northwestern, Milwaukee, Wis.....	J. W. Skinner.
1868	Pacific Mutual, San Francisco.....	J. N. Patton.
1817	Penn Mutual, Philadelphia, Pa.....	Henry C. Brown.
1851	Phoenix Mutnal, Hartford, Conn.....	Chas. H. Lawrence.
1865	Provident Life and Trust, Philadelphia, Pa.....	Asa S. Wing.
1889	Provident, Wheeling, West Virginia.....	Thos. J. Jenkins.
1875	Provident Savings, New York, N. Y.....	W. E. Stevens.
1875	Prudential, Newark, N. J.....	Forrest F. Dryden.
1889	Register L. & A., Davenport, Ia.....	Wm. M. Radcliffe.
1886	Royal Union, Des Moines, Ia.....	Sidney A. Foster.
1895	Security Trust and Life, Philadelphia, Pa.....	Clarence E. Cook.
1849	Union Mutual, Portland, Me.....	J. Frank Lang.
1888	Western and Southern, Cincinnati, O.....	J. W. Williams.

List B—Companies whose replies were very indefinite, or which are known to give allopathic examiners every preference.

1874	Life Insurance Co. of Virginia, Richmond.....	J. W. Pegram.
1843	Mutual, New York, N. Y.....	William J. Easton.
1882	Maryland, Baltimore, Md.....	Henry R. Crane.
1870	Mutual, Baltimore, Md.....	Henry Roth.
1845	State Mutual, Worcester, Mass.....	Henry M. Witter.
1885	Union Life, Omaha, Neb.....	A. L. Wigton.
1867	Union Central, Cincinnati, O.....	E. P. Marshall.

List C—Companies whose secretaries openly acknowledge that they appoint allopathic physicians only.

1851	Berkshire, Pittsfield, Mass.....	James W. Hull.
1862	John Hancock, Boston, Mass.....	Roland O. Lamb.
1859	Presbyterian Ministers, Philadelphia, Pa.....	Perry S. Allen.
1866	Travelers, Hartford, Conn.....	George Ellis.

List D—Companies which failed to respond to any inquiry.

1864	Brooklyn, New York, N. Y.....	George F. Hadley.
1865	Connecticut General, Hartford.....	Fred. V. Hudson.
1854	Covenant Mutual, St. Louis, Mo.....	L. A. Cerf, V. P.
1858	German Mutual, St. Louis, Mo.....	Louis J. Behrens.
1860	Home, New York, N. Y.....	Ellis W. Gladwin.
1892	Life Insurance Clearing Co., St. Paul, Minn.....	H. Burton Strait.
1882	Mutual Life of Ind., Indianapolis.....	Henry Malpas.
1890	Sun Life of America, Louisville, Ky.....	J. L. Adams.
1886	United States Industrial, Newark, N. J.....	Chas. A. Lighthipe.
1850	United States, New York, N. Y.....	C. P. Fraleigh.
1869	Vermont, Burlington, Vt.....	C. R. Turrill.
1860	Washington, New York, N. Y.....	Granam H. Brewer.

In this connection I desire to publish one of the most characteristic letters from the many received from companies which are fair minded. Every company must eventually come to this position, which is just and equitable.

J. K. SCUDDER, M. D.—*Dear Doctor:* Replying to yours of the 11th inst., we would say, that we have on the roll of this company as medical examiners, physicians of the Eclectic, Homœopathic, and Regular schools. It is our aim to appoint physicians as examiners who give evidence of qualification. Inasmuch as the duty of an examiner is to pass upon healthy lives, the peculiar nature of treatment of certain schools does not enter into the consideration. It matters nothing to an insurance company whether a sick man is treated by a Homœopathic, an Eclectic, or a Regular physician. We see no reason why a Homœopathic or an Eclectic physician can not select a healthy life. We do require sobriety, integrity, ability, and full possession of all the senses, together with good social standing.

Very truly yours, _____, *Medical Director.*

While engaged in writing this article, I have been appointed chairman of the "Section on Life Insurance Examinations," by President

Farnum, and I expect to prepare a longer paper on this same topic for the annual meeting of the National Eclectic Medical Association, to be held at Omaha, June, 1898.

As an aid in this direction, I wish every Eclectic who is employed as an examiner by any straight line, reserve fund, or assessment life insurance company, or fraternal or benevolent association, would send me his name and address, with company and date of appointment, and the amount obtained for each examination made. In order that this article may be brought to the notice of every Eclectic, I shall offer it for publication in all our *Journals*.

I fully believe that the secret of the whole trouble, where discrimination exists, lies in the intolerance or prejudice of the "regular" medical director of the exclusive companies, and not in the directory or its officers. When shown that Eclectic or Homœopathic physicians are equally qualified by their medical training to make insurance examinations, the directors will recognize our right, and, for business reasons, instruct their medical director to cease proscribing Eclectic and Homœopathic physicians.

Whether the companies that still exclude us should be influenced quietly, by means of correspondence, personal requests, and pamphlet literature, or by the harsher methods of the American boycott, the future must decide. I believe in the former method. If our National and State societies proceed judiciously, and inform the companies which discriminate against us, that the medical education of our men is equal to that of any of the so-called "regular" profession, I believe that in less than five years this discrimination will be a thing of the past. The majority of the strongest companies now appoint Eclectics as examiners, and while a few large companies do not, the probabilities are they exclude us by reason of rules that result from past prejudice, and not from present opinion.

LAVAGE IN THE TREATMENT OF DISEASE.

By H. Young, M. D., Lawn Ridge, Ills.

THE late Professor Howe often used to say, "Soap and water is specific treatment for some conditions of disease;" and while we have always used water for outside washings and the irrigation of wounds, sores, etc., the idea that the cavities of the body, *i. e.*, stomach, bowels and bladder, ever needed, or suffered for the want of, cleanliness, is of quite modern origin, and a long step in advance of ancient modes of treatment.

In stubborn diarrhoeas, or dysentery, nothing will hasten recovery more than "irrigation," using the long rectal tube, with either pure or medicated water. I use a weak solution of magnesia, sulphur, or argentic nitrate, Lloyd's Hydrastis, or such an astringent as the conditions of the case call for; the only point I make sure of is, that the bowels are flushed full, and the liquid retained as long as possible.

I have often seen the tormina and tenesmus of acute dysentery quieted for hours by large injections of hot water, where the usual treatment, "per orum," availed nothing, while nothing soothes the chronic dysenteric bowel equal to washing.

Also in stomach troubles, from whatever cause, dyspepsia, ulcer, cancer, etc., regular washings, several times daily, will be quite an adjunct to the other treatment. It is a very simple thing to introduce the stomach tube, for after the inserted end is in position, the act of swallowing by the patient will rapidly draw the tube downward; in fact, patients soon learn to do their own washings.

I use whatever adjunct to pure water is indicated, but always have the liquid hot, especially in irritable or inflamed conditions. Aqua pura is my most common prescription.

Did any of you try to treat a "cystitis" without washing out the bladder? If so, you are wasting valuable time by depending wholly on your medicine by the mouth. Of course I do not advise you to quit that, but rather to add to it irrigation to hasten recovery.

A common soft rubber catheter, with a funnel attached, is all that is needed; you first drew off all the urine, then well elevating the hips you pour into the bladder, via funnel and catheter, pure hot water. Thus fill and empty the organ several times, or until the back-flow is perfectly clear, then use your medicated solution, such as the condition calls for, filling the bladder full, and retaining as long as is possible.

In *The Massachusetts Medical Journal*, October number, 1896, W. C. Hatch, M. D., of New Sharon, Me., has a very readable article on "Simple methods of washing the bladder," that would repay any one interested to read. He describes more minutely than I do the apparatus needed, and shows that he is well up in the little things that make our lives successful.

Could our profession but realize the great benefits to be derived by local applications to the inflamed and diseased organs, they would be more ready to use "lavage," in conjunction with the usual internal treatment,

To cite a typical case. J. M. had for several months been under treatment for catarrh of the bladder, inflammation of the bladder, stone, etc., every new doctor giving a new name to the trouble; and he had made the round of all schools, quacks and faith curists, falling into my way in his rounds. I found him with considerable tenderness over the region of the bladder, and unable to retain his urine for any great length of time; the discharges were small, opaque, and vile smelling. Clinical examination showed some pus, slightly tinged with blood, and considerable mucus, the bowels were very constipated, appetite poor, pulse and temperature normal. I prescribed internally:

R—Sp. tr. elaterium. $\bar{3}$ ii; Sp. tr. agrimonia, $\bar{3}$ iv; aqua pura, ad. $\bar{3}$ viii. Teaspoonful every 4 hours, until the bowels are well moved, then $\frac{1}{2}$ teaspoonful as a dose.

The third day I commenced to wash out the bladder with hot water, followed by about 2 ounces of the solution.

R—Lloyd's Hydrastis, $\bar{3}$ ii; boric acid, $\bar{3}$ ii; aqua pura, ad. $\bar{3}$ viii. which the patient retained as long as possible, doing it morning and evening. This treatment was continued for about five weeks, and the man discharged, cured.

CASE No. 2.—“Couldn't digest her food, had a sour stomach, cramps every week, bowels sometimes constipated, sometimes loose, was so nervous couldn't sleep nights, etc., and had been that way for months.” This was the complaint made to me by a thin spare woman of rather hysterical organization. I put her upon sp. ignatia et pulsatilla aa. $\bar{3}$ ss; aqua pura, $\bar{3}$ iv. Teaspoonful every four hours, with podophyllin and hydrastine pill, to regulate the bowels. Under this treatment there was a little improvement, but not marked enough to suit either me or the patient. I also tried to control the hyperacidity by charcoal, bismuth, etc., but failed. As a last resort, thought I would try washing out the stomach, using a tube. Any attempt to insert the instrument caused violent retching, as she seemed very sensitive to anything touching the back of the throat; quieted that by a cocaine and cubeb tablet, slowly dissolved in the mouth, then inserted the tube and filled and emptied the stomach several times with quite hot water, removing quite an amount of sour, ill-smelling mucus. This procedure I continued every day for a week, when the patient, having become accustomed to it, was able to pass the tube herself, and to continue the washing; her general health steadily improved, and in two months time she gained fifteen pounds in weight, digested her food well, and was a strong and healthy woman.

Now, over a year since she quit taking my treatment, she has no use for medicine, but occasionally uses the hot water, per orum or anum, as she imagines she needs.

I continued the use of specific ignatia and pulsatilla for five weeks, which with the lavage of hot pure water, was the only treatment given.

THE THERAPEUTICS OF SENICIO.

By Prof. Lyman Watkins, M. D., Cincinnati, O.

WM. MURRELL, M.D., F.R.C.P., London, on the therapeutics of Senicio (*Medical Brief*), says, he has used senicio somewhat extensively for three years in functional amenorrhœa and other complaints of women. He used it successfully, with the addition of iron, in two hundred cases of amenorrhœa due to anæmia, and in cases not due to anæmia, even the most obstinate, he has effected a cure in two months with senicio alone. A complete cure resulted from the administration of senicio in six cases of vicarious menstruation. Further, senicio is also an excellent tonic in dyspepsia attended with pain and flatulence after meals, or where there is excessive secre-

tion of gastric juice with acidity and heartburn. He concludes by saying that the value of senicio in the treatment of amenorrhoe has been selected as a subject for collective investigation by the Therapeutical Committee of the British Medical Association.

These statements of Dr. Murrell on the therapeutics of senicio are, no doubt, new to most of the members of the British Medical Association, and to regular physicians in general, but Eclectics have long been familiar with this drug. More than forty years ago Prof. John King gave the botanical history of senicio, and said: "It (life root) is very efficacious in promoting the menstrual flow when suppressed; in relieving painful menstruation, and in correcting all derangements of the female reproductive organs." He also says in another place: "Life root is a perennial herb, growing in damp places in the Northern and Western States, and is frequently known by the name of ragwort. It, together with another species (*senicio gracilus*) is found on the rocky shores, and is called 'unkum, or female regulator,' because it is used principally for its efficiency in uterine troubles."

More than thirty years ago, Prof. J. M. Scudder wrote of senicio: "It appears to exert a specific influence upon the uterine organs, and may with propriety be termed a uterine tonic. It is for this purpose that it has been so much used for the last few years, and for which it has gained such repute. By many it is considered superior to any other article now in common use, in amenorrhoea, dysmenorrhoea, menorrhagia, and many diseases depending upon uterine derangements." Still later he writes (*Specific Medication*, page 240): "It may be prescribed in all cases in which there is an atonic condition of ovaries or uterus, with derangement of function. It makes little difference whether it is amenorrhoea, dysmenorrhoea, menorrhagia or whether it takes the form of increased purulent or mucous secretion, or displacements. In the male we prescribe it in cases of fullness and weight in the perineum, dragging sensations in the testicles, and difficult and tardy urination. In both male and female we sometimes use it with advantage in painful micturition with tenesmus."

Fifteen years since, Prof. Goss said: "This article seems to have a special affinity for the female reproductive organs, as the uterus, vagina, and ovaries. It acts as a tonic to these organs, and produces very favorable pathological changes in cases of debility of that part of the female system. It is especially suited to defective action of the uterus; in fact, it seems to have the power to so modify its action and so change its pathological condition that it increases its activity in debility and restrains it when excessive. This it does by its tonic power over the uterus."

Of the later writers, Prof. Webster (*Dynamical Therapeutics*, page 503) treats of senicio as follows: "Life root is one of the old Eclectic remedies for affections peculiar to the female organs. It exerts a specific influence upon the reproductive organs of both sexes, although it is more pronouncedly a remedy for women. It relieves irritation of

the uterus and ovaries, and improves their plastic power, thus being adapted to affections of these parts of a chronic nature, as amenorrhœa, dysmenorrhœa, menorrhagia, sterility, etc. It acts slowly, and must be persevered in, if satisfaction follow its use. Many cases of nervous disorder attributable to female complaints may be benefited by senicio. In chlorosis it is exceptionably valuable in restoring the menses and allaying the attending nervous phenomena. In the male it relieves aching and weight in the testicles and spermatic cord, and improves waning sexual power."

What a wealth of material the Collective Investigators will find, should they happily stumble upon the writings of King, Scudder, Goss, Webster, and Eclectic books and journals generally. They may also luckily discover *macrotya*, *cypripedium*, *gossypium*, *pulsatilla*, *caulophyllum*, and other similar emmenagogues, which are all equally valuable with senicio when indicated. In order that a favorable report may be made senicio should be administered in accordance with the specific indications. These are, profuse leucorrhœa, nervousness, headache, malaise, uterine or ovarian irritation, aching and weight in the pelvis. Five to thirty drops of the specific medicine in four ounces of water; dose, teaspoonful every three or four hours.—*Eclectic Compend*, page 448.

Dr. Murrell should have full credit for his discovery of the beneficial effects of senicio in flatulent dyspepsia. I see no mention of the remedy in this connection in Eclectic literature, and I am glad to admit that there may be new uses for not only senicio, but that many of our standard remedies reward a careful re-study.

APPENDICITIS.

By Prof. E. Lee Standlee, M. D., St. Louis, Mo.

THE very fashionable disease of appendicitis, or inflammation of the appendix vermiformis, has for several years been a well recognized surgical lesion, and is regarded by many very able surgeons as primary in the causation of the numerous forms of inflammation of the ileo-cæcal region known as typhilitis, perityphilitis, paratyphilitis and appendicular peritonitis.

The etiology or cause of appendicitis is frequently as variable as it is uncertain. This disease is exceedingly uncommon in infants, but after the period of childhood no age is exempt. Catarrhal and ulcerative inflammation of the mucous membrane of the appendix without the action of mechanical injury, has been frequently observed. This form of the disease is possibly due to the action of a micro-organism which has not yet been discovered, but which doubtless is closely related to those which produce catarrhal disturbance in the mucous surfaces. In such cases the mucous surfaces become vascular and thickened so much that the opening from the appendix becomes narrowed,

constricted or closed, and accumulation of muco purulent products take place in the lumen until the appendix is distended and the consequent increased pressure further disturbs nutrition, until ulceration or sloughing takes place and extension of the disease to the entire iliac-fossa with surrounding tissues, or to the general peritoneal cavity, producing a general or diffused peritonitis. Ulcers are frequently multiple, and in extent are from a simple abrasion to entire perforation of the walls of the appendix.

Appendicitis is supposed most frequently to occur from the pressure or lodgment of some fecal concretion or foreign body in the lumen of the appendix, such as grape-seeds, cherry-stones, ascarides, or ange-seeds, hair, glass, beads, buttons, fragments of straw and wooden tooth picks, asparagus fiber, fish bones, nails, screws and fragments of bone. A foreign body in the appendix first produces a catarrhal inflammation, nutrition is affected in the wall, and ulceration or sloughing takes place, allowing a discharge of the body frequently, with the contents of the appendix into the abscess cavity, abdominal or general peritoneal cavity. In cases where the foreign body has been found in the lumen of the appendix contraction was present on the cæcal side to such an extent that the body could not be readily forced back through the cæcal opening. Catarrhal appendicitis may be caused by an extension of the disease from the cæcum or other parts of the mucous membrane thus affected through continuity of tissue lining the appendix. Traumatism is undoubtedly a frequent cause of the disease. Post mortem examinations with special reference to the relative frequency of disease of the appendix, seems to indicate that most frequently primary appendicitis precedes an attack of perityphlitis or paratyphlitis. From the anatomical structure of the appendix and its relation to the general peritoneal cavity, it is very evident that in most cases of perforation or ulceration, there is the greatest danger of implication of this cavity and a rapid development of general peritonitis. If a diffuse or phlegmonous inflammation occur in the cellular tissues around the cæcum and appendix previous to perforation, as is frequently the case, adhesions will generally take place, which partially or completely cut off and isolate the abscess from the general peritoneal cavity, and this becomes nature's way of protecting herself against a greater evil, by choosing a lesser one. The difficulty now localizes in the form of an abscess cavity into which the contents of the appendix may be safely emptied, and which may safely be invaded by the surgeon under proper circumstances, without much fear of loss of the patient.

In a considerable percentage of cases perityphlitis does not terminate in suppuration, but the inflammation and swelling disappear in a few weeks. This is the most favorable termination of the disease that can occur. Also in localized abscess the discharge will frequently occur into the cæcum or colon and a rapid recovery take place spontaneously. Where the perforation takes place into the peritoneal cav-

ity the gravest form of diffused peritonitis rapidly ensues and the patient is sure to succumb in a short time without the aid of the surgeon, and is very likely to be unable to withstand the shock, if operation is resorted to. Still this is the only resort that can offer anything in the way of relief.

The most characteristic symptoms of appendicitis, perityphlitis and inflammation following them, are localized pain, tenderness, swelling, rigidity of abdominal muscles, tendency to lie on the back with legs flexed, constipation of bowels, nausea and vomiting, as in strangulation, etc., as are to be found in most any case of localized or general peritonitis. As long as the inflammation is confined to the appendix the swelling is not easy of detection, especially if the appendix be well behind the cæcum. The point of greatest tenderness, as ascertained by pressure with the end of the finger, will usually correspond with the center of the inflammatory process or the perforation, if this has occurred. This is often near the mid-point of a line from the anterior superior spine of the ilium to the umbilicus, (McBurnie's Point.) After the enlargement has developed it is frequently very difficult to elicit fluctuation on account of rigidity of the abdominal muscles. On account of the vomiting and constipation, it is often very difficult to make a differential diagnosis between an inflammation in the ileo-cæcal regim and an obstruction of the bowel. The rise of temperature which is always attendant upon an inflammation is generally absent in ordinary intestinal obstruction for a time. The history of the case is often valuable in making a correct and early diagnosis, as these cases frequently recur from time to time unless the appendix has been removed by operation. If, during the course of an appendicitis—for one of the principal objects of this paper is to recommend to you the conservative course in treatment—sudden and diffuse pain, with evidence of shock, accompanied by high or subnormal temperature, small and feeble wiry pulse, present, it is almost certain that an ulcer, or perityphilitic abscess has ruptured into the peritoneal cavity.

TREATMENT.—As above stated, one of the principal objects of this paper is to impress you with the necessity of a conservative course in the treatment of this grave disease. The mortality being one of every six or seven cases ordinarily, is entirely too great, and is doubtless due often to operative interference, during the inflammatory stage, or to operation in cases where an improper diagnosis has been made. The medical treatment of appendicitis should aim at prevention of ulceration or perforation and at giving the inflammation a localized and plastic character. The bowels should be well opened with salines internally, and free enemas of hot water containing one to two ounces each of glycerine and magnesia sulphate. Turpentine in oil or lard, should be used freely on the abdomen with hot water and hot packs, frequently changed. Morphia and atropia by subcutaneous injection only sufficient to relieve pain. Aconite, belladonna and dilute phosphoric acid may be used as indicated. The intense thirst is best re-

lieved by grains xx. of the 3x trituration of arsenicum alb. in a glass of water. One teaspoonful every half to one hour. Calcium sulphide, (hepar sulph.) 3 x trituration, grains xx in a half glass of water, alternated with the arsenic, will do more than anything I know of to limit and localize the inflammatory process or to prevent the formation of purulent matter, if given in the early stages of the disease. Absolute quiet, entirely liquid foods, such as panopeptin, liquid peptonoids, malted milk, expressed meat juice, etc., are preferable, and most cases will not reach the surgical stage of ulceration, perforation or suppurative appendicitis. These are well established surgical diseases and must be treated accordingly. It is unnecessary here to give in detail the operative treatment for appendicitis.

Laparotomy is so frequently and fully described that only a few points in the procedure need be repeated here. If circumscribed abscess have formed, or the assurance of perforation, extensive ulceration or the presence of a foreign body, as indicated by the symptoms present, the patient should be prepared as speedily as possible, and a lateral incision made, either obliquely or curved, may answer well in the removal of abscess, and all septic or foreign matter washed from the abdominal cavity with sterilized water. The appendix is then sought, which will generally be found extending from one half to six inches in length below and to the inner side of the cæcum; this is frequently coiled up in or near the same position. Adhesions are to be tied off and a ligature tied around the organ as near the cæcum as possible, and removal executed. The stump should be well cleansed and slightly cauterized with a carbolized solution, the abdomen is again flushed and ample provision made for drainage, wound well packed with plenty of iodoform gauze. Patient is now cared for as in all cases of abdominal section where drainage is necessary, and a general restorative treatment strictly adhered to, and the chances of recovery are in most cases very favorable indeed.

Some very highly advocate furnishing the patient with a certificate of exemption from further surgical interference of this kind, in case of accident, on the ground that the appendix has been removed.

ASEPSIS AND ANTISEPSIS.

By Prof. Joseph Adolphus, M. D. Atlanta, Ga.

THE most reasonable doctrine with regard to treatment and management of surgical and obstetrical patients, prevailing with many eminent practical surgeons, obstetricians, and physicians, is the doctrine of asepsis and the methods conjoined with it, rather than the dogmas and methods of antiseptis. These two doctrines and their concomitants are practically opposites, though the results in view are the same. Asepsis provides against the entrance of germs, and the main means adopted to insure this is cleanliness, using soap and

water. The kind of soap used is important. I have of late years used "wool soap." It is a potash soap, a more perfect cleaner of animal surfaces than soda soap: this latter is sure to harden the skin, and is an imperfect cleaner. Many practical men scrub the skin with a nail-brush. If carefully done, this procedure is helpful as a cleaner; if roughly performed, there is danger of wounding unnecessarily the surface beneath the free epithelium. Some surgeons wash the parts, after cleansing with soap and water and scrubbing, with alcohol. Many surgeons have acquired the habit of using corrosive sublimate in water or alcohol. Some carry the use of sublimate to unreasonable lengths, following which are frequent serious results—so much so that the sentiment is now against it.

Antiseptic methods seek to prevent or destroy putrefactive agents (pathological bacteria). The agents employed act chemically on the germs, decomposing them; they also destroy the products of bacterial metabolism, which latter, it is claimed, does almost irreparable damage to the vital forces of the organism by poisoning the mainsprings of life. These vital mainsprings are the inherent forces of circulation, respiration, assimilation, and those of trophic energy, which in fact are the true resisting and defensive forces of the organism.

Asepsis is much more desirable, inasmuch as it prevents entrance of germs into the blood, and spares the organism the many dire perturbations of the nervous and nutritive systems caused by pathological bacteria working on the forces of life, and lowering the defensive forces of the organism.

Several years ago, a large number of child-bed fever cases prevailed in Atlanta and Georgia. I had no cases, though I did a fairly extensive obstetrical practice. My plan was to clean my hands and nails thoroughly with ivory soap and hot water; then rinse well in clean hot water, and finally soak them in a three-per-cent. solution of permanganate of potassium, to which I added a little powdered borax. This is a true cleanser, a real destroyer of organic matters, and, as I believe, sure death on all germs. Adding borax enough only to make the fluid of alkaline re-action destroys everything without irritating nerve endings or skin organs. In weak solutions borax is alkaline, in strong solutions neutral.

For washing out and cleansing the empty uterus in child-bed fever I have found nothing so good as the permanganate solution with borax. I use it to clean out the bladder in chronic and subacute cystitis, in gonorrhoea, or the mouth in thrush of children, stomatitis in adults, in many cases of eczema, and other skin diseases. I use it to cleanse the wound in compound fractures of every bone, nor have I ever had cause to be dissatisfied with it. In chancres nothing better have I found than filling the sore with: R—Salicylic acid, boric acid, bismuth subnitrate, equal parts. Dry the sore, then fill up the cavity with this powder. I do not know that it has great antiseptic proper-

ties, but it does influence the sore to take on healing, and prevent serpiginous degeneration.

Another excellent local application to all sores, simple and specific, is: R—Acetanilid, pulv. hydrastis root, pulv. tannin, *aa.* $\bar{3}$ j; camphor gum in very fine powder, grs. xx. M. Sprinkle on sore. I have in two cases of compound fracture—one of the bones of the leg, the other the humerus—treated them to my satisfaction by applying this mixture to the wound, coaxing it into every nook and cranny with a generous hand.

For general antiseptic purposes I regard carbolic acid as our best, safest, and most convenient agent. Thirty years ago I wrote on carbolic acid as an antiseptic, claiming it to be the best we have; that it will never have a superior rival, no matter how many new antiseptic Richmonds may come into the surgical field. Its laurels have been claimed by many new Nimrods, nor have any mentioned persistent superiority to the old favorite, though a product of the hated coal-tar; yet it stands alone, a monument of heroic splendor and prowess in the midst of its envious, presuming competitors. Its friends and admirers are among the wisest, greatest, and most distinguished surgeons of the world. It is the chosen and trusted antiseptic of the country physicians and surgeons, than whom are no greater. It is the antiseptic of the world. It has done more for conservative surgery, and promoted more the extension of surgical usefulness, than any of its rivals; nor has it afflicted with evil consequences the constitution and life of the millions of human beings to whom it has been applied.

In my experience the strength best suited as a disinfectant, and of sufficiently potent antiseptic properties, is about one part of pure carbolic acid to forty parts of boiling water. Stronger than this it is apt to act as an irritant to the tissues, and cause troublesome local and constitutional disturbances. It is infinitely superior to all the mercurial antiseptics, especially corrosive sublimate, inasmuch as it does not coagulate albumen and form hard particles in the wound, even to forming a defense coating to microbic life. Carbolic acid kills bacteria by poisoning them; it destroys the products of microbic metabolism by forming with them innocuous compounds, sometimes dissolving them into simple bodies, having not any harmful properties, while corrosive sublimate is a poison to the tissue cells, to protoplasm, to the general life forces, even in minute quantities.

Carbolic acid stops suppuration by making the nidus in which the pus bacteria flourish and grow barren soil. The pus itself is changed in physical, and probably in chemical properties. Weak solutions of carbolic acid promote the growth of granulation cells, at the same time preventing development of soil favorable to germ life and proliferation. No other antiseptic of equal inoffensiveness to the life and activity of living protoplasm is known to us.

Solutions of the strength of one to twenty and one to fifteen are often used to destroy pathological processes. Into some carbuncles,

a solution of carbolic acid in glycerine, one to two of glycerine, or one to five, have been thrown with a hypodermic syringe, with very excellent results. I have used this solution, adding one-eighth to one-fourth grain of morphia, with good results, averting the destructive process. Carbolic acid in proper solution, not too strong nor too weak, is our best antiseptic in general surgery.

There are many other good antiseptics; among them is iodoform. I place iodoform on an adjacent but a trifle lower pedestal than carbolic acid, for general use, but in all syphilitic sores of a specific kind, iodoform is first and foremost.

Sulpho-carbolate of zinc is an antiseptic for internal use of very decided therapeutic properties. In all diseases wherein the fluids and solids are corrupted, *e. g.*, typhoid, intestinal diseases as the choleric forms, low pneumonia in which the fluids are corrupted, I have found sulpho-carbolate of zinc not only a positive remedy, but as having many excellent therapeutic nerve properties. Zinc is a nerve stimulant in very small doses; the sulpho-carbolate is doubly valuable owing to its antiseptic influences on the fluids and solids inside the body. The dose should not exceed one-fourth grain, and even less is better.

I might write much more on asepsis and antisepsis, also on the few good antiseptic remedies we have. There are only a few good remedies of this kind in our materia medica. Let us study these few thoroughly. It is far better to know all the good therapeutic properties of a few good remedies, than to know, or think we know, a vast deal of a great many. The man who knows all there is to know about half a dozen good remedies, is a far better equipped medical practitioner, and is able to accomplish much more substantial good for his patients than he who believes he knows all about a hundred remedies, and knows none efficiently and thoroughly.

TWO CASES FROM PRACTICE.

By J. W. Kannel, M. D., Rockford, O.

CASE 1.—Miss M., age 17, for thirteen years had been a sufferer from chronic congestion of the spleen, bordering on leucocythemia. History shows non-malarial origin, her condition being a sequel of pertussis. During that period she had been under the treatment of five regulars, obtaining only temporary relief; never had they been able to reduce the organ to its normal size.

When she came under my care there was a bulging in the left axillary line, under the 9th, 10th, and 11th ribs, almost equal in size and contour to the crown of an adult's stiff hat. Patient complained of a dull, heavy, aching pain, with tenderness on pressure over the spleen and kidneys. Urine scanty and cloudy, with very offensive odor. Menses irregular and very painful, having the color and con-

sistency of light red paint. Pulse and temperature normal; tongue full, thick, broad, with slight yellow coating at base; bowels generally constipated; tissues and veins full and sodden; skin shiny and greasy.

TREATMENT.—R Specific ceanothus amer. 3 ij; sp. podophyllum, gtt. xxx; water, 3 iv.. M. Teaspoonful every four hours. Alternating with—R Sp. agrimonia, 3ss; water, q. s. 3iv. Teaspoonful every four hours. Locally, polymnia uvedalia ointment, thoroughly basted in with hot flat iron morning and evening.

After second week discontinued the above treatment, and gave the following:—R Sp. ceanothus amer. 3 j; sp. macrotys, gtt. xxx; water, 3iv. M. Teaspoonful every four hours.

At the end of the fourth week, her waist measure had decreased 5½ inches, and the bulging had subsided. Continued the last prescription two weeks longer.

It is now one year since her last treatment; she has had no return of symptoms, and is, in every way, apparently well and hearty.

From my experience in the above related typical case, I can not recommend sp. ceanothus amer. too highly in splenic disorders of non-malarial origin, with the above enumerated symptoms.

CASE 2.—Mr. McK., age 54, had trachoma (chronic granular conjunctivitis) of six months' standing. He had been treated by a regular physician with nitrate of silver and sulphate of zinc locally during this time, but continued to grow worse. When he applied to me, and I learned what had been used, I concluded to profit by my friends' failure, and try something new, of which I had read in a pamphlet by D. T. Long, M. D., who recommended non-alcoholic thuja in such cases. Accordingly I procured from Lloyd's Long's non-alcoholic thuja, and made two applications, using full strength, the first week. After the first week, I diluted it one-half with vaseline, and continued to make two applications a week. Though contrary to authority in this disease, I used a two-per-cent. solution of cocaine before and after each application, noting its drying effect, and stopping short if necessary. I may say here that the thuja produces intense pain and inflammation, and can not be endured without cocaine; but it removes the granulations like magic, and leaves the lids smooth and pliable. Of course in the case above referred to, my patient was instructed to bathe his eyes in hot water an hour at a time, four or five times a day. He was also given the indicated remedy internally, which in this case was aconite and rhus tox., during the acute reaction after each application. Fowler's solution of arsenic, one drop, and calcium sulphide, gr. 1-10, were given four times a day on alternate weeks. Result, left eye well in three weeks; right eye well in four weeks; without a relapse in the past year.

DEATH BY OIL OF VITRIOL.

By J. M. Wells, M. D., Vanceburg, Ky.

ON November 2d, at 7 P. M., I received a call to see T. B. Hoobler, who was said to have been *shot*. When I arrived at the house, on first inspection his face seemed to be covered with gunpowder. Some one remarked, "that it was probably something applied to arrest the hemorrhage, possibly soot." At this juncture a search was begun for the bullet hole; when my hands were passed into his hair, it was discovered that his head and face was covered with something that imparted to the touch the feeling of oil; in about one minute there began to be a feeling of warmth imparted to the hands, and it was then discovered that the substance covering Mr. H.'s head, face and neck was sulphuric acid. Water and cloths being at hand (having been previously ordered) I mopped away the acid and blood which was charred black by the action of the acid; forced some castor oil into his mouth (no other oil being at hand), and with scissors cut off all his hair on the head, face and neck, as far as the acid reached; was then smeared with linseed oil, and carefully wiped, which process removed all the remaining acid and blood; a scalp wound was then seen, beginning at the margin of the hair, in the center of the os frontis, and extending back one inch and a half; the margin of the wound was frayed and soft, and to the bone, which could be felt with the finger; no fracture was detected; one inch, directly posterior to this wound, was a semi-circular, and a linear incised wound, with clean smooth edges, not gaping as the former described wound was. Mr. H. had been struck on the head with a square (oval cornered) amber colored glass quart bottle, the edge of the bottle crushing its way to the skull, and breaking the pieces of glass, making the smaller incised wounds; the larger wound was closed with two sutures, and treated with oil, as an ordinary burn. A small cut was found in the right eyebrow near the nose base, and a crease on that side of the nose; showing that he had been struck a second time with a six ounce, clear glass, half oval prescription vial; the necks and bottoms of the bottles, together with broken particles and stoppers, which were wood, and three inches long, were found in the hall-way; the length of the stoppers aided in using the bottles as bludgeons.

On lifting the eyelids the outer coating of the eyes were found to be cooked, and presented the appearance of fish eyes that have been boiled; the tongue was also of the same hue as the skin, extending back about one inch; he swallowed some of the acid, ten or fifteen drops, mixed with saliva and blood, from the posterior nares; perhaps a gill of blood was thrown up which had been in contact with the acid.

He was conscious, conversed with the family and friends, recognizing voices, sat up by the fire during the night, and did not seem to suffer any considerable pain. Nothing was administered in the way

of medicine, save the oil and milk punch. At about six o'clock the morning of the third he began sinking, and died at twelve o'clock. My testimony at the inquest was that he came to his death from the combined effect of the blow and the acid. Was I correct and was the treatment right?

[This is the case which has gained considerable newspaper notoriety. Mr. Hoobler was said to have met his death as described by Dr. Wells at the hands of a certain party (H.) who is now a fugitive from justice.

This case is very interesting from a medico-legal point of view.—
EDITOR.]

CASES IN PRACTICE.

By E. E. Bechtel, M. D., Ph. G., Monroeville, O.

ON June 27 I was accosted by Frank —, a drug clerk by occupation, in the following manner: "Doctor, can you tell me what is the matter with my hand?" Upon examination I found the hand and wrist much swollen, seeming to consist of one large wheal, with a red, shiny appearance, hot and pungent to the touch. History gave no evidence of the cause, the party having been annoyed for three years with these "swellings," as he termed them. In character they were very evanescent, appearing without any warning, becoming fully developed in six hours and disappearing in as short a time, only to appear elsewhere, no part of the body being so fortunate as to be exempt, although when the extremities were involved the wheals, which were as large as a man's hand, always occupied the extensor surface.

Itching was never very annoying, being most marked at the beginning of the attack. Various terms had been applied to the lesion by different physicians, and all manner of prescriptions had been used with little or no effect. My diagnosis was *erythema nodosum*.

R.—Specific Belladonna, Specific Rhus tox., aa. gtt. v.; Elixir Simplex, q. s. ʒ iv. M. Sig.—Teaspoonful every hour.

The result was satisfactory to myself and surprising to him. I felt good, went to my office and began to read up diseases of the skin, when I found I would have to change my diagnosis to *urticaria tuberculosa*. A few days later the same party entered my office appearing as though he had been in a fistic encounter, one side of his face presenting the red, glistening appearance, much enlarged, hard and firm to the touch. Prescription same as before. After repeated attacks of this kind I became disgusted and my patient remarked that I would go the same route as those before me. It was then that I, upon the advice of Prof. Thomas, began to look for a remote cause. Investigation revealed internal hemorrhoids, which I found existed previous to the skin lesion. I now advised operative procedure, to which the patient at once objected. With fallen hopes I now returned to therapeutic means. A strict hygienic regimen and regular habits were enjoined.

R.—Specific Hamamelis, 3 iv., Elixir Simplex, q. s. 3 iv. M. Sig.—Teaspoonful four times a day.

In addition to this Howe's acid solution of iron, nux, and Fowler's solution were given as indicated, but always in the small dose and for their direct effect. Three months have passed and no recurrence of the disease, and the person often remarks about the effect of those remedies, he having taken the same drugs previous to this, but, as he admits, in a hap hazard, go-as-you-please, shot-gun method.

CASE 2.—On the evening of October 3 I was called to see George —. On arriving I found the patient sitting in the waiting-room of a hotel vomiting. Temperature 103, pulse 115, full and strong, tongue coated, skin hot and pungent, diarrhoea. History gave no clue to a chill except a slight but protracted sensation of coldness three or four days previous. Patient had been feeling bad for some time. Ordered the patient to bed and gave—

R.—Specific Veratrum, gtt. xxv. ; Morph. Sulph., gr. ss. ; Water, 3 iv. M. Sig.—A teaspoonful every two hours. Also R.—Specific Amygdalus, gtt. xx. ; Specific Ipecac, gtt. v. ; Water, 3 iv. M. Sig.—A teaspoonful every two hours.

October 7 temperature and pulse slightly improved, but the nausea and vomiting were marked, not controlled by the usual means. October 8 at 8 A. M. I ordered an emetic, which emptied the stomach of a great quantity of mucus. Eight P. M. found the stomach quiet, temperature 100½, pulse small and weak.

R.—Specific Aconite, gtt. iij. ; Ipecac, gtt. v. ; Neutralizing Cordial, 3 j. ; Water, 3 iv. Teaspoonful every hour.

October 9, 8 A. M., temperature 103, pulse small and frequent, tongue dry and rather clean, patient restless.

R.—Aconite, gtt. iij. ; Gelsemium, gtt. xx. ; Water, 3 iv. M. Sig. A teaspoonful every two hours. Specific Echafolta, 3 j. ; Water, 3 iv. A teaspoonful every two hours. Subnitrate of Bismuth for the diarrhoea, which was marked, stools occurring every hour or so.

Eight P. M. temperature 103, other symptoms about the same, with a commencing delirium. I continued the same treatment, using hot milk as food and brandy as a stimulant. October 10, 8 A. M., temperature 103, pulse small and frequent, discharge from bowels frequent, dark in color, and very offensive, delirium marked, tongue dry, sordes on the teeth, great thirst, jactitation and carphology. Eight P. M. temperature 103, with no change in the symptoms. From this on till October 17, when the patient died, the temperature continued at a uniform range, falling rapidly on the evening of October 16 and the morning of the 17th. The bowels at no time were tender to the touch nor any tympanitis ; no wave line to the temperature. The delirium, coming on early, continued to the last. The treatment, beside that which is here given, consisted of baths, food and stimulants, echafolta, baptisia and the indicated sedative. The patient, a person of low vitality and feeble resisting power to disease, had been failing

rapidly for months, and when the diagnosis of typhoid fever was given, the friends at once gave up all hope. To me there were several peculiar features in the case, which accounts for it being reported.

MEASLES.—ABORTION.

By W. L. Griffin, M. D., Lamar, Missouri.

ON the 7th of September last I was called to see Mr. C., aged 24, whom I found with temperature 105, pulse 90, full and bounding; tongue grayish white, and somewhat pasty. He continued so for ten days or more under the use of alkaline treatment. He had some headache; his pulse ran from 60 to 80 during the two weeks or more of hot fever; no appetite at all. Four years previously he had an attack of measles, and the eruption did not come out well. His wife told me that frequently in the midst of a meal he would become suddenly very sick, and now great care was required to have the medicine retained.

About ten days after, an eruption broke out all over the body, showing as fine a crop of measles as you ever wish to see; no cough, but a terrible itching attended it, and in a few days the rash faded away, leaving good evidence that it was really the eruption that should have appeared at the time of his having measles.

At first I gave veratrum and gelsemium, and two or three doses of antipyrine for intense headache, following with tissue remedies and regular flushing of colon. Recovering nicely. The peculiarity of the case is the pulse rate, temperature, loss of appetite, and eruption. Most physicians in this section call these fevers typhoid.

CASE 2.—I was called on Oct. 2d, to see a lady whom I found to be about three months pregnant, and upon vaginal examination, a cord protruding about four or five inches. The color alone indicated death of the foetus. No pulsation in cord; nothing alarming about her condition. There had been no pain, hemorrhage, or any condition upon which to base a clearly defined cause for such a state of affairs. She had been doing the usual work of the house and kitchen, and had never felt any motion. It was only about two days till a regular menstrual epoch, and there being no dilatation of os, I gave pulsatilla and macrotys, and told the patient that labor pains would come on, and the whole mass would be expelled at once, in all probability, at or before the period. Awaiting results, such proved to be true, and on the second day thereafter I thoroughly washed out the uterine cavity with hot water, as there seemed to be approaching septicæmia. I put her upon echinacea, and she is doing finely. I saw no room at all for active dilatation of os, and forcible removal.

A TRIBUTE TO DR. ANTON.†

By Alexander Wilder, M. D., Newark, N. J.

JAMES ANTON, M. D., former Treasurer of the National Eclectic Medical Association, died at his residence in Lebanon, Ohio, on Thursday, October 28, 1897. He had been long ill from a paralytic shock, and the event was not unexpected. Religious services took place at his house on Saturday, after which the remains were taken to Cincinnati and cremated on the following day.

Thus passes from the stage one of the oldest, staunchest and most sincere of the former Eclectics. It was the fortune of the writer to be officially associated with him from 1876 to 1891, and it is a gratification to bear testimony to his urbanity, his strict probity, fidelity to convictions, and unyielding perseverance in what he esteemed the line of duty. During a period of near forty years that he served in the Eclectic ranks, he exhibited always the earnest conviction and strenuous purpose which characterized the early pioneers, cordially detesting meanness and subterfuge, honoring his calling, and doing what lay in his power to exalt it. Every professional man is a debtor to his profession to elevate it above the plane of a mercenary pursuit, and Dr. Anton discharged that obligation.

James Anton was born at Huntley, in Aberdeenshire, Scotland, November 12, 1812. He arrived in New York on the 1st of August, 1833. It was in a sailing vessel. No steamer had ventured an attempt to cross the ocean. In 1841 he engaged in the study of medicine. He would work twelve to fourteen hours a day, read two to four hours, and then go to bed. The sequel was prostration of health, and with it financial loss.

In the spring of 1852 he married Miss Rebecca Van Clure, a lady living near Wooster, Ohio, and the two attended lectures that term of the Eclectic Medical Institute. Dr. Joseph R. Buchanan was then dean, and Drs. R. S. Newton, John King and W. S. Sherwood of the Faculty. Having graduated Dr. Anton began practice at Russellville, Mo., where he remained four years, and in 1857 took up his abode in Lebanon, Ohio.

Dr. Anton was active in supporting medical organizations wherever he lived. He belonged to the Indiana Eclectic Medical Association in 1858, and became president of the Miami Valley Eclectic Medical Society in 1859. He was also for thirteen years treasurer of the Ohio State Eclectic Medical Association. In 1872 he united with the National Eclectic Medical Association, and was chosen its treasurer in 1876.

He was a diligent and efficient officer. Whoever transacted business with him generally became his friend. His individuality impressed itself upon everybody. Scotchman as he was, he had a jocund manner and a keen sense of wit and humor, relishing them greatly.

† Extracts from an article in the Georgia Eclectic Medical Journal.

Few men in Dr. Anton's life-long condition would have been other than a burden upon their friends and the public. Yet he, crippled and apparently helpless, by his industry and persistent endeavor, attained honorable social and professional position, reared a family in competence, and contributed his full part to the public welfare. He leaves his family an honorable name, and but for the machinations of dishonest men would have added a comfortable fortune. He possessed the strictest probity, was a sincere friend, never seeking to take advantage of others. He was of a circle that is steadily growing smaller, and we shall not soon look upon his like. All who knew him well, who emulate his character, will be certain to hold him in affectionate remembrance.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

ASTHENOPIA.

The term asthenopia is one too little used and too little understood by medical men in general. It is probably the most common painful sensation in or about the eye.

Asthenopia in general meaning covers a great variety of ills—the fatigue and exhaustion of the visual apparatus or the ocular muscles; more frequently distress and aching from over use of the muscle of accommodation. Headache, supra orbital, or ciliary neuralgia, heaviness of lids, print running together, irritation, dryness, or twitching of the lids, following close application of the eyes, are one and all classed under the name of asthenopic symptoms.

Accommodative asthenopia is probably the most frequent of the three divisions. It is a reflex distress, or a fatigue due to overwork of the ciliary muscle in its effort to make an imperfect eye see perfectly. In other words, in an ametropic eye at rest sight is never perfect, and it is only by constant action of the ciliary muscle that vision is better. Then when this same imperfect eye attempts to do near work, as reading or sewing, and adds the natural and extreme accommodative contraction, the fatigue, strain, pain and distress, are very soon manifest. The logic of the pain is the same if a man carried a heavy bucket of water a half mile in one hand, the arm muscles would ache with an acute pain, the muscles are overdoing.

These asthenopic symptoms as the result of an error of refraction and the consequent strain on the ciliary muscle, are by far the most common every day case. The above mentioned symptoms *always* point to an error of refraction and immediately put us on our guard. The error may be hypermetropia or astigmatism, or both in combination.

Muscular asthenopia is the second cause of the same symptoms, and is to-day the fad that many oculists are riding to death. Perfect

balance of the ocular muscles is called *orthophoria*, any deviation from the normal balance being styled *heterophoria*. These muscles out of balance seldom cause asthenopic symptoms when the error is great enough so that the change in the visual axis can be seen, but rather in the smaller or latent degrees.

Such errors are treated by prism exercise, the prescribing of prisms, and by graduated tenotomies.

Retinal asthenopia is fortunately not nearly so common as the first two varieties, but is very severe and constant. Upon ophthalmoscopic examination no change can be noted; it is all functional. The retina is exhausted and fatigued easily, and is unable functionally to do its share, so that when forced to do so we have severe asthenopia.

The treatment is chiefly eye rest, restructives, and care to the nervous system.

The Difference between Styas and Tarsal Tumors.

A hordeolum, or styne, is a suppurative inflammation of the fatty or connective tissue of the lid, coming on rapidly, with considerable swelling and great pain. Suppuration takes place, and the styne points at the edge of the lid within two or three days. The short time, suppuration and tenderness diagnose this affection. The styne should be freely opened at the pointing, so as to avoid pressing and squeezing. A cold compress of calendula in water is grateful for a few hours after the operation. To prevent recurring crops, correct the error of refraction, if any, and give internally pulsatilla or sulphide of calcium.

Tarsal tumor, or chalazion, between which and ordinary styne we wish to diagnose, comes on gradually, a matter of six weeks or months; no pain, little redness if any. This is a filling up of a meibomian gland, the secretion augmenting until we have the prominence as large as a pea. While some tumors are hard, the majority are of a cheesy consistency.

The treatment is principally operative. The lid is everted and cocaineized, and the tumor is incised through the conjunctiva at right angles to the lid border. The sac must then be well curetted. Hot applications three times a day for a week will soon remove all tendency to hypertrophic changes in the lid.

Recurring chalazions are generally due to refractive errors; otherwise I should rely upon the internal administration of staphysagria or sulphide of calcium.

Atropine in Diseases of the Eye.

This subject is fully discussed in the *New York Polyclinic*, July 15, by W. B. Marple, M. D., who summarizes his paper as follows:

“The indications for the use of atropine in eye troubles are—

“1. It should be used in iritis.

“2. It should be used in ulcer of the cornea and keratitis.

"3. It may be used as a mydriatic in young persons under 30 or 35 years of age. Cocaine or homatropine, however, answers as well, and they have many advantages.

"4. It may be used in refractive work, to relax the accommodation in the same class of patients as in 3. Here also homatropine does well.

"In regard to the contra-indications we find that—

"1. It should not be used in conjunctival troubles.

"2. It should not be used simply to temporarily dilate the pupil in patients over 40 or 45 years of age (unless iritis is present, in which case the age of the patient should not deter us from employing it.)

"3. It should never be used in glaucoma, or where the tension of the eye is increased.

"Finally, only weak solutions (one fourth of one per cent.) should be used in very young (one to three years) children, otherwise constitutional effects of the drug are apt to follow."

BRYONIA IN IRITIS.—While it should ever be remembered that it is unsafe to treat any case of iritis without the local instillation of atropine, it should also be always in mind that the homœopathic remedy is often the most rapidly curative of any treatment that can be adopted. Among these remedies none are more frequently used than bryonia. It is frequently adapted to cases caused by a cold, especially in rheumatic subjects, in which there is sharp, shooting pain through the eye into the head, aggravated by motion and relieved by pressure; or if the pain is a steady aching in the posterior portion of the eye, extending through to the occiput, worse at night and on motion.—*Pacific Coast Journal of Homœopathy.*

PLANTAGO IN ACUTE AURAL CATARRH.—Dr. Ord records the case of a man, aged 35, who has five or six times in the last few winters had most violent and distressing earache, lasting two or three days, and followed by perforation of the ear drum and discharge of sanguineous serum, with relief to pain and transient deafness. The pain was throbbing and completely incapacitated him for business. All kinds of old school treatment had been tried, but nothing relieved it except five grain doses of exalgine, which the patient freely used with port wine. During the attack the drum was seen to be bulging, red, and to visibly pulsate. There is always some chronic catarrh going on in his ears, but hearing is very slightly affected. The attacks are brought on by exposure, mental over-exertion or want of sleep. Last winter two threatened attacks were stopped by *plantago*, three drops every hour. When first prescribed pain had lasted six hours and was rapidly increasing. *Belladonna* relieved the violent throbbing, but did not affect pain, which, however, disappeared after three doses of *plantago*. Patient had a good night and went about his work as usual next day, complaining only of fullness and soreness of the ear, which had

gone the second day. A second attack was similarly aborted about a month later. A year after the patient had remained free from attacks. —*Monthly Hom. Review.*

ASTHENOPIA AS A FORERUNNER OF NEURASTHENIA.—In the early stages of neurasthenia the eyes are sometimes indexes of how much the general system is overworked. When the examinations result negatively, or we find there is only myopia, which very seldom is the cause of true asthenopia—although it may be of inflammatory conditions—which prevent the eyes from being used with comfort, then we should very carefully abstain from ordering a glass, but endeavor, by the aid of a neurologist or general physician, to find out what really is the trouble with such a patient. A careful search into the habits and environments of daily life will often determine this. I could multiply the instances, chiefly occurring in young men and young women, for whom the whole gamut of glasses is run in vain by those who believe strongly in the curative value of convex, cylindric and prismatic lenses for constitutional disease, even when no error of refraction exists, until the break down from neurasthenia, or in case of women, sometimes from uterine or ovarian disease, makes the matter very plain to everyone except to him who is possessed with the idea that the human economy revolves around the muscular action of the eye.—*Dr. Roosa, in Medical Record.*

J. N. Mackenzie, of Baltimore, in a paper before the British Medical Association, discussed the physiological and pathological relations between the nose and the sexual apparatus. This relation was shown physiologically by the occurrence of nasal symptoms synchronously with menstruation, the occurrence of vicarious nasal menstruation, the nasal phenomena which accompany sexual excitement, and the occasional dependence of genito urinary irritation on affections of the nasal passages. Pathologically it is shown by the aggravation of nasal affections during menstrual periods, the production of nasal catarrh by excessive sexual indulgence and by masturbation, and the occurrence of nasal disease which resists treatment until co-existing disease of the generative organs has been cured.

The paper was illustrated by a wealth of classical learning which it is impossible to reproduce.—*The Laryngoscope.*

PERISCOPE.

SOUND MEDICINE.

We hear a great deal about sound money nowadays, and sound medicine is no less interesting to and important to the doctor. Therapeutics is the corner stone of a sound medical system; and pure active drugs, uniform in strength, are indispensable to clinical success.

Do all doctors know the very great difficulty in the way of getting pure drugs? Unfortunately proprietary preparations are rare, and say what you will, a medicine made by Tom, Dick or Harry is not as good as one prepared in the laboratory of the same manufacturing chemist for ten, twenty or thirty years.

How many physicians know that paregoric is often made with benzoic acid obtained from the urine of herbivorous animals, and that it is seldom two samples can be found which resemble each other in physical properties or therapeutic strength? Codeine is another preparation of opium which is seldom had pure; most of it is simply morphine. Three-fourths of the salicylic acid sold in the drug stores is obtained from coal-tar and not true oil of wintergreen, and often produces serious gastro-enteric inflammation. Cheap preparations of ipecac are inert. Much of the podophyllin in the market is precipitated with alum, and is therefore unfit for use. Many fluid preparations must be made from green roots or leaves to be therapeutically active, yet drugs being simply merchandise to the man who makes his living buying and selling them, he will not take these nice distinctions into consideration.

Sweet spirits of nitre, spirits of mindererus, syrup iodide of iron, oil of erigiron, tincture nux vomica, tincture belladonna, tincture digitalis, ammonium carbonate, etc., are all injured by age, yet they continue to be dispensed until the supply gives out. No doubt many a poor man has gone to that "bourne from which no traveller e'er returns" for want of a little digitalis which was something more than colored water.

A case was recorded not long since where a man took a teaspoonful of digitalis by mistake without any evil effects. That is not the sort of digitalis to help a heart which has been doing double duty in pneumonia and is almost exhausted.

The doctor who practices medicine blindly, who pays no attention whatever to the very important factor of pure drugs, is simply gambling on the issue. There can be no element of exactness or precision in his work. Chance will be the arbiter of his destiny, rather than forethought or calculation, and chance is apt to take a malicious pleasure in making foot-balls of men.

Every doctor can help himself in this matter if he will. He can find out by carefully reading his medical journals, by inquiry and experiment, who makes good medicines. He can then educate his druggist upon the subject. He can teach him by object lessons that he knows pure drugs when he sees them, and that he is quite determined to have them. He will show the druggist that persistence is a great thing in a worthy cause, and that he himself has an unlimited stock of it. Lastly, he will remember that an unbroken package of a remedy is the safest and the surest way of avoiding substitution.—*The Medical Brief*, Aug. 1896. [And still, some physicians will spend

thousands of dollars, devote years of time, and study their eyes out in an attempt to qualify themselves. Then when they get a patient they will diagnose his case and sacrifice their hard earned opportunity by giving something or nothing, as the case may be, rather than insist on a special well known preparation, or that the prescription be taken to a reliable pharmacist.

For twenty years Eclectic physicians have demanded unimpeachable remedies, in original vials, and if they had not done so they would have been discredited as a profession, and annihilated as a school.

Reputable pharmacists who take pride in their calling, are suffering by reason of the underhand competition of these substitutors who prey not only on their brother pharmacists, but on physicians and the public. We advise our readers to patronize pharmacists who sell pure medicine at living prices, and to turn the faces of the cheap-john parasites to the wall.—EDITOR.]

TREATMENT OF JAUNDICE.

Removal of the cause, so far as possible, is the first thing indicated. Where this is impossible, as in cancer, treatment must be symptomatic and palliative. In ordinary catarrhal jaundice, the following line of treatment will be found very effective: The patient should be put to bed and careful attention paid to diet. All foods containing starches, fats, and oils, should be avoided. Milk is, without doubt, the best article of diet in jaundice. I have noticed in some cases that skimmed milk seemed to be craved and the only thing that could be taken without producing emesis. If the patient can stand it, an alcoholic vapor bath will be found very efficient, and I have seen the pack sheet used with good effect.

When the skin is dry and harsh a mild diaphoretic may be given with advantage. It is better to use a mild laxative than a harsh cathartic, especially if there is present a duodenitis. When there is an excessive secretion of bile, small doses of leptandrin are indicated. If there is congestion of the portal circulation, a brisk saline will help to relieve it, followed by sodium phosphate. A still better line of treatment for those cases where there is hepatic engorgement, the abdominal veins standing out prominently, the blood pressure being decreased, is to give alternately every two hours, from morning to night, 1-10 grain doses of podophyllin and 1-200 grain doses of sulphate of atropia. The former acts as a tonic to the hepatic cells and increases their activity. If belladonna is given in large doses, it tends to produce capillary stasis and we fail to get the result desired.

But the remedy to which I want to call special attention as the one remedy par excellent in the treatment of ordinary cases of jaundice is *chionanthus virginica*. The specific tincture is the best preparation. Where there is no organic lesion but a functional derangement of the liver, *chionanthus* is the most efficient remedy. By its tonic and stim-

ulating effect upon the liver, it is a good agent for patients who suffer from gall stones.

In jaundice where we have gall stone colic, next to a hypodermic of morphine, pure lucca oils seems to give the most immediate relief. I have found in four recent cases that chionanthus with dil. hydrochloric acid seemed to do all that medicine can do.—*Dr. Inglis in Columbus Med. Journal.*

THE INCIPIENCY OF DIABETES.

Loeb points out (*Centralb. f. innere Medicin.*) that we have little knowledge regarding the earliest stage of diabetes. When the patient first seeks medical advice, it is generally on account of some definite symptoms, and the urine is then generally found to contain a large amount of sugar (1 per cent. or more). The patient often states that he has suffered from the symptoms of the disease for a certain definite period only. But the author records cases which show that these statements are often unreliable, and that the disease may first begin as a slight and temporary glycosuria. In one of his cases the urine contained 5.3 per cent. of sugar, the specific gravity was 1.038, and there was a history of thirst of only fourteen days duration. But the author happened to have examined the urine two years previously, while the patient was suffering from an attack of intercostal neuralgia. At that time 0.25 per cent. of sugar was present, but this had disappeared at the end of nine months. Hence, long before the well-marked symptoms of diabetes had developed, there was a diminished power of utilizing carbohydrates in the system, and slight temporary glycosuria as a result. In a second case of diabetes, the urine contained 7.9 per cent. of sugar, and had a specific gravity of 1.042. The patient stated definitely that symptoms of the disease had been present for four weeks only. The urine had been examined five months previously, and at that time the author had found traces of sugar present. In a third case of diabetes, the urine contained 4 per cent. of sugar. The author had found traces of sugar in the urine 2½ years previously. A fourth case has exhibited, from time to time, traces of sugar in the urine for four years.

The author concludes that in a great number of cases of diabetes, for a long period—often for years—before a large quantity of sugar is excreted, and before the characteristic symptoms of the disease appear, small quantities of sugar are excreted in the urine temporarily. During this period the patients are usually quite well, and, having no cause to consult a medical man, the opportunity of detecting this slight and temporary glycosuria seldom occurs. The author, of course, admits that there is not this gradual onset in all cases. He admits that there are cases which are very acute; cases in which a large quantity of sugar is found in the urine from the first. The author thinks that the temporary occurrence of a small quantity of sugar in the urine ought

not to be regarded lightly. The cases above recorded show that sometimes it is followed by severe diabetes. On the other hand, some of the cases recover completely, and the author adds an example of this—which he followed for 4½ years and which has finally ended in recovery.—*British Medical Journal*.

TREATMENT OF DYSMENORRHEA.

A. Lapthorn Smith (*Canada Medical Record*, Jan., 1897), says that of 3300 cases (2270 in the Montreal Dispensary, and 1030 in private practice), almost one fourth of all the patients complained of dysmenorrhea, found oftenest in unmarried girls, next oftenest in married women who have not had a child, next in married women with only one child and subsequent scanty flow, and least frequently among married women with several children and excessive and prolonged menstrual flow.

“Why do unmarried girls suffer in the greatest number from menstrual pain?” Evidently because there are more of them who have stenosis uteri, which is relieved by a pregnancy, that entails a rest from menstruation and widening of the uterine canal. But, also, because the congestion of one menstruation is not fully relieved at the time, but is carried over to the next period, thus causing thickening of the external layers of the ovary, swelling of the mucous membrane lining the uterus, and blocking up of the canal. This is so to a greater extent in married childless women than in girls unmarried, because of the congestion of intercourse being added to that of menstruation. Pregnancy cures the majority of cases, not only of stenosis of the uterus, but also of congestive dysmenorrhea.

Married women, mothers, who suffer from dysmenorrhea, may never have suffered before marriage, in which case a septic or gonorrheal endometritis was probably acquired during or soon after the first confinement, leaving swollen cervical glands, or diseased ovaries and tubes, though perhaps not enough so to prevent a subsequent conception.

Those who lose profusely with severe suffering, probably have displacement interfering with circulation, the veins retaining blood, causing swelling and sensitiveness of generative organs, with painful expulsion of clots at the menstrual periods.

“What is the best treatment of dysmenorrhea due to stenosis of the cervical canal?” His own procedure is :

1. Improve the circulation of the uterus by curing constipation, by exercise in open air and sunshine, and correcting errors of diet and dress.

2. Relieve the spasmodic contraction of the sphincter of the internal os by 10 grs. of acetanilid, three times a day, if necessary, for one or two days. Combine it with strong coffee, citrate of caffeine, or weak whiskey, to keep the circulation up where otherwise alarming symp-

toms might be caused. It relieves in almost every case. Opium and alcohol must be avoided. A hot hip bath for half-an-hour, splashing the lower abdomen while sitting in the hot water, suggested by Sir Wm. Hingston, is available for some cases to relieve spasm.

3. Failing these, examination of uterus must be made, and resort to the negative pole of the galvanic current. An account of nine cases of severe dysmenorrhea cured by this means, appeared five years ago in the *American Journal of Obstetrics*. Three of these cases afterward bore children, after a sterility as long as ten years after marriage. Dr. Wm. Gardner, of Montreal, had, previous to that, obtained similar results from the same treatment. The detail of method is given in the author's "Disorders of "Menstruation," in the "International System of Electro-Therapeutics." A cervix previously resisting stubbornly the passage of a sound, will, under the electric treatment, allow it to glide into the uterus with ease. In most cases the second or third period following the treatment comes on without the patient's knowing it. If it fails the author has usually found some disease of the appendages.

4. For those who do not know this electrical method, the next best resort is rapid dilatation. The author had 300 cases, with 100 of them failures, by this method, employing, first Wylie's and afterward Goodell's dilator. Deep narcotization, thorough asepsis, and utmost care, however, will not prevent occasional accidents by this method, such as general peritonitis, perforation of posterior wall of uterus, lacerations of the cervix, pelvic peritonitis—all of which have come into the writer's experience. The dilatation must be done thoroughly, at least half-an-hour, to the extent of half-an-inch, while sterilized irrigation is going on over the field of operation, and must in every case be followed by curetting, especially of the thickened mucous membrane around the internal os, whose valve-like action prevents the menstrual outflow. Coat liberally the whole inside of the uterus thus treated with equal parts of Churchill's iodine and carbolic acid, to secure antisepsis and to cure endometritis. Failing on one trial, repeat at least once more. Amputate a long cervix by Schroeder's method, but do not employ a stem pessary.

If all these methods are tried unsuccessfully for a year, then the *dernier resort* is operation for incurable disease of ovaries and tubes. In five per cent. of his cases, forty in all, he found such last resort to reveal sufficient cause in the appendages, in most the tubes being bound down with adhesions and closed at one or both ends. In eight cases he found a hydrosalpinx.

A small group of six cases of severe dysmenorrhea he found to be due to retroversion with fixation, ovaries bound in adhesions, and the fimbriated ends of the tubes closed. In them he freed the uterus, dug out the tubes and ovaries from the cul-de sac of Douglas, and tore the pavilion of the tube off the ovary, and opened it up, and finally fast-

ened the uterus to the abdominal wall. These, all but one done recently, are menstruating without pain.

To sum up: 50 per cent. were cured by rapid dilatation and curetting; 12½ by electricity, negative pole; 5 by removal of appendages; and 7½ were lost by going to other institutions, where most of them eventually had the appendages removed.

THE CALL FOR MEDICAL FREEDOM.

There exists in the city of Boston an organization known as the American Health Club, the avowed object of which is to bring back to the people of this country their freedom to hire whom ever they like to treat their ailments. A few months ago they had a bill introduced in Congress and others of the same kind into the legislatures of several States providing that "all citizens of sound mind, who are not under conviction for crime, shall be, and they are, entitled to the right and privilege to select their own physicians, to employ the same, and to compensate them for their services."

Most people are of the opinion that they now possess all these rights and never have been without them. We know of nothing to hinder members of this club or anyone else from selecting their own physicians. Stupid as is the demand of this club, there seem to be a great many people in different parts of the United States who believe or pretend to believe that they are hindered from choosing their own physician. Some of the thoughtless among them probably actually believe that their liberties are so restricted, but the better informed among them know that what they really want is freedom for the criminally inclined to fleece the helpless and ignorant.

The aim of the American Health Club is to break down all legislation against medical dishonesty. They want to permit charlatans and rascals to rob and kill the sick and suffering for the sake of their money. Existing medical legislation is nowhere of a restrictive character, and nowhere fosters a class. It only demands certain protective regulations for the safety of the people that any one who wishes can comply with. There is not in the whole country a single man or woman of sound mind and good memory that could not if they would get the right to practice medicine. Those who want the right without properly fitting themselves to fill it are asking for the privilege of jeopardizing the health and lives of others for their personal gain. No one is fit to pass as a healer who does not know what ails the patient he pretends to treat.

As the diagnosis of disease requires a large fund of medical knowledge, even faith-healers are dangerous without it. What harm would it do Christian scientists if they had a good medical education? Would any one of the irregular practitioners be injured by such an education? Would it hurt any of them to be able to tell a case of hernia from one of obstructed bowels? Would it hurt

them to know the difference between a case of poisoning and of ordinary disease? When nothing more is asked of them than is demanded of others, why object? Are they so much the superiors of educated medical men that they must have special exemptions and privileges extended to them? Surely no one will be so bold as to declare that an education would harm any one of them. After they get the necessary education, no one will hinder their practicing as they please. In the ranks of the regulars, if they stick to telling the truth, they can practice as they please. The whole warfare of the profession against advertising is a warfare against lying to the public for the purpose of cheating them.

The more ignorant the medical pretender happens to be the more unscrupulous he is in his claims. When his personality is hidden behind an advertisement he is more readily believed and he has the better chance to deceive. It is the men without knowledge and without conscience, that the American Health Club is trying to champion, and the fact that some of them are good advertisers gives them favor in the eyes of some newspaper men. The members of this club should petition our legislators to let them hire whom they please to conduct their law cases through the courts, whom they please to act as pilots, engineers, army officers, etc., and whom they please to do all other work where ignorance is a menace to public safety. Why do they not clamor for whom they please to act as judges in our courts when they have cases to try?—*American Medico-Surgical Bulletin*.

Prostatic Hypertrophy and Retention.

Negretto (*Gazz. degli. Osped.*, Dec. 27, 1896), cites four cases of prostatic retention treated successfully by cauterization through the rectum. After thoroughly emptying the rectum, the patient is anesthetized and a rectal speculum passed, the upper part of the bowel is plugged with gauze, and then, under the guidance of the finger, a specially devised hook with graduated stems is passed into the prostate to steady it. The prostate is then cauterized with a paquelin or galvano-caustic over the extent required. The operation only lasts two minutes. The bowels are kept confined for a few days, and a catheter kept permanently in the bladder for some time. On the sixth or seventh day a purge is given, and at the end of ten or twelve days the catheter is removed, and the patient can urinate by himself. The patients were 56, 62, 74 and 78 years of age, respectively, and had suffered from prostatic disease from three to five years, on the average. In each case, cauterization per rectum not only speedily relieved the congestion, but caused a notable diminution in the size of the prostate. The author believes this method to be superior, both in its immediate and remote effects, to castration or excision of the vas deferens.

TUBERCULOSIS OF THE LUNGS.—The close resemblance of certain cases of acute miliary tuberculosis to typhoid fever is remarked upon by all authorities, says the *Kansas City Medical Record*. Even such accurate tests as Widal's and Elsner's are said to fail sometimes in the early differentiation of these two diseases. Such being the case, any diagnostic sign of real value is a welcome addition to our store of knowledge. In the *New York Medical Journal*, of April 17th, Dr. David Reisman again remarks the peculiar friction fremitus produced by the rubbing of a multitude of tubercles just beneath the pleura. The sound, he says, is heard during both inspiration and expiration. It is distinctive in character, being very soft and fine and separate from the bronchial rales. The fremitus is perceptible to the touch as a gentle rubbing, much softer than any rhoncal fremitus the writer ever observed. The case reported, a married painter twenty-five years old, lived about three weeks from the inception of the disease. And the diagnosis was confirmed by necropsy.

INSECTS IN THE SPREAD OF PLAGUE.—In a recent number of the *Centralblatt für Bakteriologie und Parasitenkunde* there appears an article by Dr. George H. F. Nuttall under this title. The author became impressed with the fact insects might, during the prevalence of the plague, be the means of disseminating the disease in the same manner as in cholera. Accordingly, a large number of experiments were undertaken to ascertain this fact. These experiments show that without a doubt the fly (*Musca domestica*) can disseminate the germ. When flies were fed on cultures of the plague bacillus, the organism was recovered from the dejecta and from the alimentary canal even as long as three days thereafter. His conclusions are that from a practical standpoint the utmost precautions should be taken to guard against flies when plague is prevalent. Dr. Nuttall also gives the results of his researches on the receptivity of different animals to the plague infection, which are of great interest.

NEW TEST FOR ALBUMIN.—A new and delicate test for urine is described by Carres in the *Journal des Sciences Medicales de Lille*. It consists in putting into a small tube with water an amount of resorcin equal to one third of the water in the tube. When dissolved the urine is allowed to flow gently along the tube wall down to the resorcin solution, when a ring of albumin is formed if albumin be present. Though some other urinary constituents give the same ring, yet this disappears on boiling, while an albuminous ring persists. The test is very delicate, experiments showing that it reveals albumin where nitric acid has failed.

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DECEMBER 31st, 1897.—JANUARY 1st, 1898.

Another volume has been added to the series that holds the record of the years that have passed. Day by day, until the 365th day was reached, have the leaves been turned, and now the covers have closed over the 1897th volume. The shelf that holds this line of events leads back into infinity; the volume bound this thirty-first day of December faces the uncreated future. But, when the coming year is closed, there will be room to place its record beside the book we lay away to-day—the book that holds the record of the youngest year of all the ages, but which stands marked as if it were the oldest.

But enough of these thoughts concerning the past. Let us think of the future, and of our work in the past and future. Each life's section in each page of the volume laid away may not be as white as snow, but still there must be blacker marks on its pages than any man who reads these lines has drawn against himself. And be they light or heavy in the pages now folded, let us hope that lighter, still lighter, will be the marks that stand against our names in the record of the year that is to come.

Tears have been besprinkled over many of these pages, and sorrow dims the eyes of some who read these lines, yet there have surely been greater sorrows than any of us have been called upon to bear. Let us hope, whether our grief be light or burdensome, that the year to come will touch us lightly with the myrtle branch.

But other pages there are in which we find comfort in good deeds, in charities, in the records that speak of helping hands and willing hearts. Cover these pages from the gaze of the world; they are not for strange eyes. Let us not forget, however, that it is more blessed to give than to receive, and resolve to do better deeds hereafter than we have done before.

Yes, the year 1897 has closed, and the book that holds the record bears its tale of joy and sorrow, of good and of bad deeds. The new year begins another volume, and when that book is closed we hope to greet our friends again, and wish to one and all a full cup of health, happiness and prosperity.

COLCHICUM.

This is an old remedy, and we believe that recently it has lost caste among physicians to a very great extent because of its variable action, which is due to the method of manufacture and the origin of the drug from which the medicine is made. Some use the roots, gathered at any time, dried in any manner, and the tincture and fluid extract made as easily and cheaply as possible. Another manufacturer likely uses a good drug, gathered at the proper time and handled carefully. The two preparations in the same sized dose would certainly not have the same action. While one produced little or no effect, the other, in the same dose, might nearly poison the patient.

The fact that the remedy is a very active one should lead us to expect it to be a very efficient one, if properly made and properly used. Specific colchicum, the standard Eclectic preparation of the drug, is always of the same strength and activity. It is made only from the seeds, because the root is by far more variable, and of less strength. It is near the color of whisky, and when added to water a slight precipitation takes place. The dose of it is from the fraction of a drop to one drop, repeated every three or four hours. Colchicum imparts its virtues to either wine or vinegar; hence both of these have been used. Wine of colchicum is made by adding fifteen parts of the seeds, or forty parts of the root, to one hundred parts of good old Sherry or Rhine wine. We do not recommend its use.

When colchicum is prescribed, if it produces irritation of the bowels the dose is too large, and should be reduced. To obtain its most beneficent effects it is not necessary to produce a cathartic action. In over doses it is very poisonous. The symptoms of poisoning by colchicum are, "nausea, griping, agony in the belly, purging followed by the passing of thick mucus, with great and increasing tenesmus, profuse salivation, collapse and death from exhaustion and gastro-enteritis. Bloody purging is almost never seen. The poisoning is one of the most painful, slow, and hopeless poisonings known, and a man taking as much as an ounce of the wine of the root or the seed, is almost invariably doomed to a terrible death." Emetics and the stomach pump are to be used hurriedly in cases of poisoning. Tannic acid should be given, as it forms with the colchicum insoluble tannates. Oils and demulcents will help obviate its irritable effects on the stomach. Stimulants will help overcome the great depression. However, treatment of poisoning by strychnine avails but little, a fatal termination being almost inevitable.

As a remedy, colchicum has been variously classified; thus, sedative, diuretic, laxative, cathartic, antilithic, expectorant, diaphoretic, a promotor of waste and secretion, and a nervous sedative. Nearly all agree upon its diuretic action, and that it increases the elimination of urea, uric acid, and bile, as well as its promoting the flow of water.

Its action is said to be accelerated by emetics and purgatives, as alkalies. Some advise the use of physic before beginning the admin-

istration of colchicum; others that an alkali should always be dispensed with it. We, however, do not concur in either of these ideas. The action of colchicum is antagonized by opium and by alcoholic stimulants. It is absolutely contra-indicated by debility, as it depresses both the heart and the temperature, and by acute inflammatory conditions of the gastro-intestinal tract. As a rule, it is not a remedy for old people.

Colchicum is indicated, we will say, by plethora, by constipation, and by deficient elimination from the liver, skin and kidneys. It is said to act best in cases in which nervous symptoms are prominent, like extensive sensitiveness to touch, or to being watched, or to motion, or when there is a crawling sensation complained of in various parts of the body. The pains calling for colchicum are said to be tearing, jerking, electric like. It is said that a craving for things, and a disgust for them when they are obtained, is indicative of colchicum.

Therapeutically, according to some authors, colchicum is so closely associated with gout that they can not be easily separated. We think we have said to JOURNAL readers before that in Butler's recent textbook of Materia Medica, Therapeutics, and Pharmacology, there is a list of remedies classified and described under the term "*Specifics*." Colchicum is one of them. (There are quite a number of others, showing that the "Regular's" list of specifics is growing apace. A few years ago he had but one—sulphur for the itch. He is progressing. As soon as he can see *specifics for conditions*, rather than for diseases, we will adopt him.) In this book we see that "the drug is as valuable and certain a specific for gout as is mercury for syphilis." The same author says that "its value is more apparent in acute than in chronic gout, and in first attacks than in succeeding ones. Chronic gout, as well as chronic rheumatism, yields better to a combination of colchicum and potassium iodide than to colchicum alone." We beg leave to differ. We are not positive that colchicum ever cured a case of gout. We have seen a number of cases that were relieved by it, but every one of them had subsequent attacks.

A homœopathic writer says of colchicum: "It produces symptoms of the acute manifestations of gout, quite apart from any direct modifications of excretion of urea or uric acid. Its relief of acute gout seems to be purely a homœopathic action." A noted and talented author of the old school says: "Indeed it is almost a specific in acute gout, provided that it be pushed until it causes slight griping or laxity of the bowels. Care must be exercised under these circumstances that 'retrocedent gout' does not occur, owing to the manifestations of the disease leaving the toe and going to the internal viscera." As for us and our judgment, they are not so far apart in their deductions; they name them differently, that is all.

Colchicum in small or medicinal doses is certainly an efficient remedy in some cases of rheumatism. It is a remedy only after sedation

has been produced by other means. It seems to do best when there are evidences of effusion, and in the muscular variety. Colchicum is an excellent remedy in some cases of dropsy, due to obscure diseases of the liver or of cardiac origin. In the latter variety it should be alternated with digitalis. In either case it should be used only in the strong and vigorous. Colchicum has been highly recommended in congestion of the liver, and consequent constipation and other troubles, as well as in headaches and disturbances due to obstruction of the portal circulation.

Colchicum, from its general action, must certainly prove an excellent remedy in uræmic intoxication. It certainly will unlock the sluice-ways, and wash a man out thoroughly. It is as well a remedy in neuralgia, pneumonia, and bronchitis, or in fact any other disease that may attack those of a gouty diathesis. It must, however, be prescribed with great care. It is also highly recommended in some cases of cerebral congestion, and as a remedy for asthmatic attacks in which there is great dryness. It increases the expectoration, and eases the pain.

Recently in a conversation with Dr. G. W. Homsher, of Camden, O., he extolled the virtues of colchicum as a remedy for persistent vomiting due to almost any cause. He suggested that ten drops of the specific medicine be added to four ounces of water, and teaspoonful doses of the mixture be given at very short intervals. From what we know of it as a remedy, we are ready to accept the idea. We believe, from its stimulating effects, it would prove efficient.

UTERINE DISORDERS.

IV. THE USE OF LOCAL APPLICATIONS.—In most of the cases of circumscribed or local affections of the uterus, such as inflammation, congestion, hypertrophy, erosions, and the more common lesions encountered from day to day, local applications afford the most satisfactory and desirable means of treatment. Such cases, as a rule, do not consult a physician very early, deferring the matter, hoping that the unpleasant symptoms will finally disappear of their own accord. Or when the trouble follows parturition the patient is often deceived in the belief that it is a natural consequence of her lying in, and will disappear within a reasonable time. The common run of uterine disorders thus become more or less chronic, or pass the acute period at any rate, before the patient seeks the advice of a physician or applies for treatment. Such cases are very rarely bed-ridden, but are able to be up and move about. Arrangements should thus be made by the physician to have them call at his office regularly at stated intervals to have the proper treatment applied. In this way, with the special treatment hereinafter mentioned, is our manner of procedure at the woman's clinic in the college, where a large number of cases are successfully treated.

One of the most constant symptoms in these common disorders of the uterus is the leucorrhoea, the character, appearance, and extent of which should be carefully inspected by the physician, as it will frequently aid materially in the diagnosis as to the location and nature of the trouble. This symptom is the one which often proves the most distressing to the patient. The appearance and unpleasantness of this continuous discharge prompts her to advise with the physician, that she may be cured of the "whites." The discharge may be either mucous, serous, or purulent, and varies considerably in appearance in different cases. It may be red, brown, white, yellow, green, or colorless. The white fluid is usually found in cases of superficial or a light grade of inflammation, frequently of the cervix, and is due to the presence of epithelial cells. The red discharge indicates the presence of fresh blood, and is the result of an intense or deep-seated inflammation. The yellow color is due to pus, the characteristic discharge following high-grade inflammations, resulting in disintegration or sloughing. The presence of decomposed blood will show the brownish discoloration. The colorless or white of egg discharge is usually exuded in cases involving the inner structure of the neck, wherein the glands of Naboth are affected.

Cases troubled with a leucorrhoeal discharge (together with the various other symptoms of uterine disorders mentioned in the other papers of this series) should be placed in a position for a proper inspection and examination with the speculum. After the uterus is brought into the field of vision, it should be cleansed and wiped free of the discharge, by means of absorbent cotton, after which the extent of the disease and condition of the part should be satisfactorily determined.

The success in treating these cases by local applications will depend upon the care in selecting remedies in each case. The condition and symptoms in each case will determine the treatment indicated, and one should be guided in selecting the remedy by the rules of specific medication, meeting the indications for a certain agent in the same manner as when prescribed internally, according to symptoms, or the condition upon which the symptoms depend.

Thus, if the examination reveals, in addition to the discharge, a puffed, swollen condition, a fullness of tissue, the application should be specific or distillate hamamelis: if the condition is one of congestion, an engorgement of the capillaries, the remedy is belladonna, prepared by mixing ʒij. of the specific in ʒvj. of glycerine. If the appearances indicate an acute or high grade of inflammation, aconite, ʒss. to ʒiij. of glycerine, answers well. If not so recent, though a deep-seated inflammation, involving the outer and inner tissues of the neck, let the remedy be colorless hydrastis, diluted about one-half in glycerine or water. When the discharge is heavy, thick, and purulent, preference should be given to glycerole of tannin. When the discharge is unusually profuse, the parts should be douched with permanganate of potash, two or three grains to the ounce. If the

part is studded with erosions, applications of carbolic acid and iodine, one to four, gives good results; likewise, weak solutions of sulphate of copper and nitric acid have been used. In the event of ulceration, cauterization direct with nitric acid or a solution of zinc chloride, gr. j. to glycerin 3j., will stimulate healthy granulations. In the puffy, full conditions, glycerin alone often answers well, depleting the blood of its watery elements through the process of exosmosis.

These remedies should be applied by means of the tampon of absorbent cotton, which should be of sufficient size to insure its retention, and to which is attached a string to favor its removal. After medication it should be properly applied through the speculum, and carefully held in position with the dressing forceps, as the speculum is withdrawn; otherwise it may be displaced and become useless. It should be left in position from 24 hours to three or four days, according to the amount of leucorrhoea present. If the discharge is so profuse as to soak it full of the absorbed material within the first twenty-four hours, it should not be allowed to remain longer. As soon as the tampon is withdrawn, the patient should return to the physician's office for another treatment. Treatments should be discontinued two or three days before the expected menstrual period, and not resumed for several days after its cessation.

It may be necessary to change the remedy from time to time, just as in prescribing agents internally; also the indications often call for two remedies, under which circumstances they should be combined in proper proportion, and the tampon medicated with the mixture. Absorbent cotton is probably the best material for preparing tampons.

R. C. W.

SULPHITE OF SODIUM.

The uses of this drug herein set forth are not based upon the common commercial salt—sulphite of soda—which is found in clear crystals, and is so hygroscopic that it is necessary to keep the container well corked; but upon a specially prepared salt mostly free from water of crystallization, therefore granular in form. It is stronger and not so prone to the absorption of oxygen, and of undergoing a change to sulphate of sodium, a salt quite different in its uses and action. Perhaps few physicians realize that there is frequently as great differences in the medicinal action and value of the various salts found upon the general market, as there are in the common commercial tinctures, fluid extracts, etc. If only reliable preparations of drugs—the *very best obtainable*—were used, many of the “uncertainties of medicine” would soon vanish.

In the classification of sulphite of sodium we find it named as an antiseptic, antizymotic, antiferment, a parasiticide, etc. In our opinion, it is all of these, and even more. It is a conservator of life, and a most active one when specifically indicated. We believe that many physicians prescribe sulphite of soda in any case in which the tongue is

dirty. They forget that the soda salt acts best *only* when the mucous membranes are pallid. Given, then, a case with tongue *broad*, mucous membranes *pale*, the coating on the tongue *light, dirty, pasty*, and sulphite of soda is the remedy.

All JOURNAL readers have no doubt observed, in patients presenting certain typhoid or septic conditions, *red* mucous membranes and a red tongue supporting a dirty white coat, and probably have given sulphite of soda, and were disappointed because a good result did not follow. This distinction was vividly brought to our notice a long time ago, when in consultation with a successful old Eclectic physician who does much good work and says very little about it. He ordered for the red tongued-with-a-white-coat patient nitro muriatic acid, and the effects were to me astonishingly satisfactory.

Bearing this distinction in mind, sulphite of sodium becomes a most efficient remedy in many cases in which there is evidence of sepsis, or zymosis—death of the blood—typhoid conditions. It is *the* remedy at certain times and in some cases of typhoid fever. The cases in which an acid is indicated are fully as frequent as are the sulphite of soda cases. Or the same case may to-day need an acid, and in one, two, or three days need the sulphite.

So it is in diphtheria. Sulphite of sodium, both internally and locally as a gargle or wash, is a favorite remedy with us. When indicated, we would, by far, rather trust our child's recovery to sulphite of soda than to the stereotyped treatment by injections of antitoxine into every case, mild or malignant, take them as they come. (We know an excellent physician or two who use the hyposulphite of soda freely and frequently in these cases as a gargle. We have never used this salt.)

In the lines indicated, sulphite of sodium is an excellent remedy in some cases of scarlet fever, of cynanche maligna, of tonsillitis, of small-pox, of erysipelas, of diseases of the stomach or intestines; in fact, it is the remedy in any disease, of whatever nature, presenting the indications for it. It has been highly recommended in chronic skin troubles, both locally and internally, as in tetter, scabies, syccosis, impetigo, favos, etc. It has been praised as a remedy in aphthæ and in stomach troubles accompanied by yeasty vomiting.

The dose of sulphite of soda is from three to thirty grains, repeated every three or four hours. It may be given in a watery solution or in capsules. The solution is very unpleasant to the taste, especially after it stands for some time.

W. E. B.

TWENTIETH CENTURY TREATMENT FOR PNEUMONIA.

If any one should be rash enough to state that the medical profession has made but little if any improvement in the treatment of inflammatory diseases during the past fifty years, he would be regarded as a slanderer of that "noble class of individuals who give their lives or the benefit of suffering humanity."

Sixty years ago, the doctor could be traced by the blood from his ready lancet, the groans from his unhappy victim, who was tormented by leeches and cupping, from whose parched lips the cry of water came in vain, and who, like Dives of old, begged for one drop to cool his parched tongue, whose breath was fetid from mercurial ulceration. Oh no! The fight was made years ago against this barbarous treatment, and to day a humane and rational treatment is employed.

Let us see how great the improvement. In 1849, Wilson wrote: "No diseases bear the loss of blood better than open, well developed pneumonia. In the earlier stages of the disease, with a strong pulse, from *sixteen to thirty ounces* may be taken at the first operation. If the pain should continue after general bleeding has been carried as far as may appear admissible, blood may be taken by cups or leeches from the chest to an extent corresponding to the strength of the patient." Then follow calomel and opium, and application to the chest of a blister not less than six by eight, and often as much as eight by ten. The mortality under this treatment was 25 to 50 per cent.

Danforth, in 1896, writes: "Blood should promptly be drawn from the arm until a decided impression is made. Ten or even twenty ounces may be required; it does not matter about quantity, the effect is the important thing. Now the patient may be put to bed, five-grain doses of Dover's powder administered, and a hot cataplasm to the side. If venesection is not warranted, six to ten leeches may be applied over the affected lung, and bleeding from the bites may be encouraged by hot fomentations. I would, however, urge the careful and thoughtful consideration of the subject of bleeding in *every case* of incipient pneumonia before resorting to other measures."

Pepper, in his late Practice, page 555, says: "For the exudative inflammation of the lungs, the plans of treatment most frequently adopted are: Venesection employed once or repeated several times, the quantity of blood taken to be considerable. Large doses of calomel, 12 to 30 grains, placed dry on the tongue—from one to four such doses." He then adds: "This plan seems to answer well in some cases, to be of no use in others."

Anders, in his work just from the press, says of venesection—"Doubtless it is a good measure in sthenic cases." He places the mortality in lobar pneumonia at from 15 to 25 per cent., and in bronco-pneumonia at from 25 to 50 per cent.

Thus we see the treatment of sixty years ago, that showed a mortality of from 25 to 50 per cent., and which increased the suffering of the patient a hundred fold, *being advocated by the leaders of medicine in the dominant school in 1897, and showing the same mortality.*

What a contrast to the treatment as taught by the Eclectics, and practiced for the past fifty years! The mortality reduced to from one to five per cent., and the sufferings of the patient reduced to the minimum. With the use of veratrum, aconite, bryonia, lobelia, ipecac, macrotys, asclepias, and a few other indicated remedies, with the

emetic powder on larded cloth to chest, our patients are safely carried through this dread disease. Our homoeopathic brethren will show a like decrease in the mortality of pneumonia.

B. L. T.

BEARING FRUIT.

Our editorial on "Allopathic Teaching—its Defects," in the December issue, has attracted considerable attention. Prof. Elmer Lee, who was quoted at some length, writes as follows:

NEW YORK, Dec. 8, 1897.

Dear Doctor:—Thank you for a copy of the JOURNAL containing a reference to some words of mine before the American Academy of Medicine. Your Journal has quite interested and instructed me, and several of the articles are in accord with my own practice. You did wisely in reprinting the paper of Dr. Thompson (p. 665)—a very excellent paper from any standpoint. It is my great desire to see sectarianism cease, and whatever is said in my papers is in that direction, and really implies defects in the therapeutics of new and old sects in medicine. While ready to accredit the honest work of every physician who is attempting to find a clear and scientific system of therapy, it is lamentable that such good men do not work in harmony and in fraternity. But it is my opinion that so long as therapeutics depends upon drugs, high and low potencies, green and dried preparations, etc., there will never be much harmony, for there are no limitations as to possibilities for differences of opinions. And when a factionist takes a stand he is likely to hold to it through self pride, or admit his error when it is too late.

Faithfully,

ELMER LEE, M. D.

ADONIS VERNALIS.

The use of this drug is sanctioned by all schools of medicine. That it is an active one is proven by the fact that in large doses it is poisonous, producing grave gastro intestinal disturbances, violent purging and vomiting. These poisonous effects may be relieved by emetics if given early, and by alcoholic stimulants, opium in some form, and by rest in the recumbent position. It is said that physiologically it acts very much like digitalis, and by some physicians it is preferred to this drug because it is quicker in its action, and not cumulative in its effects. Others, however, think it inferior to both digitalis and caffeine. It belongs to the class of cardiac tonics, and is to be classed with strophanthus, cactus, digitalis, etc. It strengthens the heart's action, by regulating and slowing the heart beats, and increasing the intervals between them. The consequent contraction of the arterioles raises vascular tension.

Adonis is indicated by a tendency to cardiac failure. It is a most efficient remedy in functional irregularity of the heart, and in structural lesions like mitral or aortic insufficiency. It is the equal if not

the superior, of any other known remedy. It relieves cardiac asthma, or dyspnoea, by its action upon the pulmonary circulation. In adonis we have one of the most excellent remedies for cardiac dropsy. It strengthens the heart, increases the strength of the circulation, and the dropsy readily disappears. It is not an efficient remedy where the dropsy is due to a wrong of the liver or portal circulation.

From all reports on this drug, and from the limited use we have made of it, we deem it worthy of a place on every medicine shelf, and in every medicine case, along with other vaunted "heart tonics."

The specific medicine is the most efficient preparation of the drug. Of it from ten to twenty drops should be added to four fluid ounces of water, and a teaspoonful of the mixture given every two or three hours. Try adonis vernalis and report to the JOURNAL. W. E. B.

A MERRY CHRISTMAS.

Like a pearl in a string of gems, Christmas stands conspicuous as the most precious day of all the year. Wherever the light of Christendom has penetrated, old and young, male and female, throw aside their cares and unite their joys, this day of all days. Rich and poor sing the same songs of praise; the palace and the hovel respond in gladness to the impulse of this blessed word. Not all the pleasures that come with all the other days united are equal to those of Christmas. And conspicuous in the list of gifts that Christmas brings is the teaching of us to give to others, this day of gifts. May merry voices sing joyful praise where these lines are read; may glad voices speak to happy hearts, and may Christmas bring its full cup of joy to you and yours.

CONVERSATIONS ON ANIMAL LIFE.

This book, issued last month, is meeting with a hearty reception at the hands of the friends of Dr. Howe. It can be had from this office, and its fascinating pages render it an acceptable Christmas gift for adult or youth.

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In response to a demand from many of our subscribers, we have decided to renew our old offer, as follows:

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BOOK NOTICES.

TWENTIETH CENTURY PRACTICE. Edited by T. L. Stedman, M. D. In twenty volumes. Vol. XII. Mental Diseases, Childhood, and Old age. New York: Wm. Wood & Co. Cloth, \$5.00 per volume. Subscription only.

Volume XII., while it does not contain, perhaps, such practical material for the general practitioner, is nevertheless one of the most interesting volumes yet issued, and each subject is treated by a master hand. The first subject, *Insanity*, by G. F. Blandford, M. D., of London, is one to attract and hold the attention of the reader from the beginning to the end of the article. The manner in which he treats of mind, when its physiology runs riot, is fascinating. Idiocy has been assigned to Paul Sollier, M. D., of Paris. He treats of this unfortunate class in an admirable article of one hundred pages. His large experience with the class enables him to give his readers a well written article.

Cesare Lombroso, M. D., of Turin, has a fascinating article on Criminal Anthropology. His study of more than six thousand criminals makes his selection for this subject peculiarly fitting. He first speaks of crime in nature, then of crime in man; and while it may seem strange to speak of the etiology and therapeutics of crime, yet, after reading his article, one sees the peculiar fitness of his methods.

Old Age, by J. Boy Tussier, of Marseilles, is equally interesting. Senility, being a normal phase of existence, has but a meager literature, yet the article is of great interest. One reads of the causes of senility and means of combatting it, with a new conception of life, and having read the article, one has a better idea of "how to remain young, or how not to grow old."

Dr. Jules Coneby, of Paris, writes on Diseases of Children. The writer has condensed into very small compass the description and treatment of each subject discussed.

R. L. T.

CLINICAL DIAGNOSIS by Microscopical and Chemical Methods. By C. E. Simon, M. D. 8vo., 530 pages, 135 engravings, and 14 full page colored plates. Cloth, \$3.50. Lea Brothers & Co., Philadelphia. For sale by Scudder Brothers Co., Cincinnati.

The subject matter of this volume covers the examination of the blood, the secretions of the mouth, the gastric juice, feces, nasal secretion, sputa, urine, transudates, exudates, cystic contents, semen, vaginal discharges, and milk. In every case a description of normal material precedes the pathological considerations, which latter in turn are followed by an account of the methods used in examination.

The fact that the first edition was exhausted within a year, is evidence of its value. Certainly medicine is becoming more and more a true science every day, and aids to its study, like the book under consideration, will soon reduce uncertainty in its practice to a minimum. This second edition is thoroughly up to date. The chapters on parasitology and bacteriology of the blood, saliva, feces, urine, and vaginal discharge have been almost entirely re-written for this new edition. New methods are embodied, and old ones discarded. The examination of the cerebro-spinal fluid and its chemical significance have been carefully considered.

The author of this work has enjoyed the advantages of the best laboratories at home and abroad, and is qualified to write on the subject in hand. In the book he not only gives results, but he gives full directions to enable those unfamiliar with such procedures to obtain these satisfactory results.

The name of the publishers is sufficient guarantee of the physical make-up of the book. We commend it to the readers of the JOURNAL as a very useful, interesting—nay, as a necessary book. It will help bring you into harmony with the times.

W. E. B.

PHARMACOPŒIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Boston: O. Clapp & Sons, Agents. 8vo., 677 pages. Cloth, \$4.50.

In 1868 the American Institute of Homœopathy, on motion of Dr. C. T. Hempel, appointed a committee to prepare a "dispensatory." Progress was reported from time to time, and at last the book, a well printed volume of 674 pages, is before us. Part 1 consists of fifty pages devoted to "General Pharmacy of Drugs for Homœopathic Use." In this part we have such directions concerning drug manipulation as should be found in works devoted to pharmacal manipulation, such as pressure, weights and measures, etc.; solvents, such as alcohol and water, etc.; drugs, such as barks, flowers, roots, seeds, etc.; and lastly, manipulation, such as general remarks concerning triturations and dilutions or attenuations.

The student or pharmacist who neglects to carefully study this part of the book will overlook much that is valuable to all concerned in acquiring a knowledge of Homœopathic remedies, and may even be led into serious error when manipulating according to the directions

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This preparation contains all the active medicinal constituents of *Passiflora incarnata* in a concentrated form, and is the result of an extended investigation in our laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles invariably present in the ordinary preparations of the market.

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Is a valuable adjunct to the treatment of nervous affections attended with congestion of the cord and ganglionic centers. As a soporific without narcotic action, and as an anti-spasmodic and anti-neuralgic, it is without an equal. Its action is between that of morphine and chloral hydrate, but it does not depress the system nor derange the stomach. It is devoid of danger, non-poisonous, and may be given in any case where sleep is needed. It is the remedy, *par excellence*, in infantile convulsions, in diarrhoea of children, and in nervous affections of the aged and infirm. In nervous or sick headache, neuralgia of the fifth pair of nerves, in sleeplessness of typhoid and other fevers, as well as from overwork so common among professional and business men, it will produce a quiet and dreamless sleep, and at the same time prove a permanent tonic to the nervous system.

CORDIAL PAS-CARNATA

Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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Is prepared for physicians' prescriptions only, and not for popular sale. Printed matter with extended notes furnished to the medical profession only. Sample supplies without charge on payment of expense of delivery.

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May be ordered of our New York office, No. 96 Maiden Lane, of Geo. C. Goodwin & Co., Boston, and the home office in Cincinnati. In ordering or prescribing, please specify

"Cordial Pas-Carnata, Merrell."

of Part 2. For example, in the special directions given for making the mother tinctures the directions are that the preparations must represent one-tenth their weight of the drug. Thus, under cactus the statement is "Drug strength 1-10," which might lead to the inference that one part of the fresh plant is to be tinctured with ten parts of alcohol, when in reality the reference is to the *dried cactus*, which is the standard of calculation.

For this and all other drugs where the fresh plant is used, a small amount of each is first to be dried, the loss of weight calculated, and this water loss is not considered in making the tincture. For example, under *equisetum hyemale*, 250 parts of the fresh plant are used to make 1000 parts of mother tincture, the product being considered as representing ten parts of drug, but the 250 parts of drug contain only 100 parts of drug material.

Part 2 is devoted to detail of manipulation, and Part 3 to tables and a pronouncing list of names of drugs. The menstruum directed in many cases is not what the reviewer's experience has taught to be the best, and especially in the direction of some resin bearing-drugs. Thus *cimicifuga* is tinctured with a mixture of alcohol, 650 parts, and water, 200 parts, which might better have been alcohol, 850 parts. Still, as the majority of the Homœopathic mother tinctures are of comparatively less strength than the Eclectic specific medicines, ranging from one-third to one-tenth their drug value, this admixture of water is less serious than it would be with us.

Neither can the reviewer agree concerning the conditions of all the drugs selected. Thus, mother tincture of *veratrum viride* is to be made from the fresh root, and much experience has taught the writer that the dry or nearly dry root is preferable. And the dried bark of *sassafras* is directed for some reason the writer can not comprehend, for many drugs less affected by drying are employed green. In using undried opium an uncertainty is introduced which seems remarkable when the care the authors have taken to avoid the uncertainty of water in other directions is considered. Still, Part 1 should perhaps lead the manipulator to use dry or powdered opium, but the book might better be explicit in the formula.

In one place it is observed that the authors have fallen into a scientific error: *podophyllin* (page 464) dissolves to the extent of 80 to 85 per cent. in ether, not 15 to 20 per cent. Still, this is a copied error and found in other publications as well. Taking it altogether, this book credits its compilers. The text is clear and terse. The directions for manipulations are such as any pharmacist has facilities for readily following, for the preparations are not strong enough to demand the use of apparatus for concentration, and can be made in the simplest manner.

Extreme care is required as to cleanliness, drug condition, purity and contamination, which are admirable points to insist upon, and meet the admiration of this reviewer. This book should be on the

shelves of all persons concerned in the study of Homœopathic medicine. It will be an excellent object lesson to many prejudiced persons who talk much about the materia medica of our earnest friends of the Homœopathic profession, but who seem not to have studied the subject very closely.

J. U. L.

A TEXT BOOK OF PRACTICAL THERAPEUTICS, with especial reference to the application of Remedial Measures to Disease and their Employment upon a Rational Basis. By H. A. Hare, M. D. Sixth edition, revised. 8vo., 756 pages. Cloth, \$3.75. Lea Bros. & Co., Publishers, Philadelphia. For sale by The Scudder Bros. Co., Cincinnati.

We have reviewed this work of Dr. Hare's with pleasure. The fact that it has reached the sixth edition since 1820 attests in some measure to its value. The work is divided into two sections, in the first of which the author deals with remedial agents, both medicinal and non-medicinal. In the second, diseases, their complications and their treatment, are dealt with in a brief, but practical manner. These two parts are brought into a practical relationship by numerous references, which thus enhances the value of the work.

In glancing over the first part, in which the author defends the therapist, our attention was attracted by the following paragraph, which paragraph tends to show the author's forcible and lucid method of writing :

"In exactly the same manner that the excesses of Catholicism resulted in fanatical Puritanism, so did the careless methods of physicians, during the past century, lay the foundation for the growth of Homœopathy or therapeutic Nihilism. At the present time, although we have much to learn, it can be said that we have profited by both of these errors, and are in consequence taking a path which may be considered the happy medium, to all of which we, as Eclectics, say Amen ! and claim a due share of the credit in bringing about this change in therapeutics."

We admire the author's style of handling the drugs ; he considers the preparations, physiological action, therapeutics, untoward effects, poisoning and administration, and, though he deals with many drugs thus, he does not become prosy nor prolix. He deals with the subject matter practically and not theoretically. For instance, in his brief mention of antitoxin, he says, "theoretically the wide extension of serum-therapeutics is correct, practically the results desired are not obtained except in diphtheria."

He is guided to some extent by symptoms ; thus our old familiar *cimicifuga* is valuable in uterine troubles when the woman states she "can not step off of a step without pain or hurting in the uterus or ovaries."

The author gives credit to the Homœopaths in several instances, but we regret that he fails to have the courage to give due credit to the

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EDITORIAL FROM E. M. JOURNAL.

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Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

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works of Eclectics in developing the indigenous vegetable remedies. For instance, in hydrastis, podophyllin, etc., though he mentions others whose work is not near so extensive.

The work is well bound, very presentable, and withal a valuable addition to any physician's library. We feel confident we shall find it a valuable and ready reference.

W. N. M.

ORTHOPÆDIC SURGERY.

Professor E. J. Farnum, of Chicago, well known at the present time as the President of the National Eclectic Medical Association, has now in press a text-book on Orthopædic Surgery, which will certainly take rank with the most advanced works on that subject at the present day. Professor Farnum has associated with himself as contributing authors, Professor Edwin Freeman of the Eclectic Medical Institute, and Professor Edwin Younkin, Dean of the American Medical College of St. Louis.

The consideration of deformities in this work is unique in its exhaustive character, covering the entire literature and experience of the profession on the subject at the present time. Professor Farnum's aim has been to prepare a helpful book for the use of the student and for the use of those practitioners whose experience with deformities has been limited. Theoretical matter and much technical matter is omitted and practical matter and facts established by experience are included.

The work includes a very large number of topics comprehended within the scope of congenital deformities, and a general consideration of hernia, which of itself will doubtless increase the value of the work. In the treatment preference is given to established rules of practice instead of personal methods.

Section first comprehends definition, classification, the history of orthopædic surgery, and the classification of deformities.

Section second continues the classification of deformities with a general consideration of the etiology of malformations, going quite deeply into this subject, considering teratology, mechanical influences, maternal impressions and heredity. It considers congenital hypertrophy elephantiasis, acromegaly and giants, also dwarfs, cretinism, congenital atrophy. Further, there is a consideration of double monsters, doubling of parts, supernumary parts and the causes of these deformities. Following this is the consideration of congenital tumors of all kinds, imperfect closure of embryonic openings, both anterior and posterior, imperfect formation of natural openings, and congenital distortions.

Section third comprehends deformities of the spine, Potts disease receiving very full and complete consideration; also, internal curvature, torticollis, kyphosis, lordosis.

Section fourth comprehends joint diseases in general, including all the acute and chronic forms of joint difficulty, extending through eight or nine long chapters.

Section fifth comprehends special joint disease, including hip joint, knee joint, ankle joint diseases and diseases of the feet, disease of the sacro-iliac and of the joints of the upper extremities.

Section sixth comprehends rachitis and paralysis.

Section seventh comprehends talipes, with a very full, general and interesting consideration of this subject.

Section eighth considers affection of the toes and fingers.

Section ninth includes hernia, a general and specific consideration of this important subject.

The book will be illustrated with one hundred and eighty magnificent half-tone illustrations and more than twenty wood cuts. The illustrations have been selected largely from the clinical material of the city of Chicago and are among the best in literature at the present time on the subject considered.

We are confident that the work will have a popular reception, not only from the physicians of our own school, but it will become popular with all physicians because of the fact that it occupies a field now occupied by few works, comprehending the scope of the whole, and because it is authoritative, practical and deeply interesting. We bespeak for it a cordial welcome.

RIGHT SIDE OF THE CAR. Author's Edition.

Before this journal reaches the reader this book will be delivered. No book of recent years has received higher encomiums of praise at the hands of book lovers and critics. Whoever knows the difference between fine book work and cheap book work grasps at a glance the fact that in workmanship and in contents this belles letter booklet is a literary gem.

Columns in its praise have been written by critics who pass massive works by with a line. While Etidorhpa has brought Prof. Loyd fame as an author, the world over, this exquisite word painting, the "Right Side of the Car" has been taken in the light of poetic prose that has no companion in words.

The author's edition cannot now be purchased, excepting the few copies bound specially for the Committee. The publisher has issued two commercial bindings, very different in appearance from the author's edition. One (cloth), mailed for \$1.00; the other (illustrated paper), 50 cents. Also for sale from this office.

The following from the pen of Prof. Oldberg, of the University of Illinois, illustrates the manner in which this word painting is received generally:

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“Lloyd’s ‘Right Side of the Car’ is delightful because its inner meaning shines through its literal clothing.”—*Bulletin of Pharmacy*.

ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M. D. Third Edition, Revised, Eighty-one Illustrations. 218 pages. W. B. Saunders, Philadelphia. Cloth, \$1.00.

This is a compendium written principally for the use of the medical student in his practical laboratory work. It is necessarily concise, deals only with the established facts, and gives only the best founded theories. It describes the instruments, growth, examination of, staining, classification, etc., of both non pathogenic and pathogenic bacteria. In the appendix it gives the examination of air, water, soil, etc.; also tables of the chief characteristics of the principal bacteria. This is a very handy little book, and to a student or practitioner doing practical laboratory work is well worth the price (one dollar).

G. W. B.

CONVERSATIONS ON ANIMAL LIFE. For Young Folks. By the late Andrew Jackson Howe, A. M., M. D. 12mo. 363 pages. Published by the Robert Clarke Co. For sale by the Scudder Bros. Co., Cincinnati, O. Price \$1.50, postpaid.

There is an exceptionably large amount of the kind of knowledge young folks ought to acquire in “Conversations on Animal Life,” and the book is one which deserves the praise of the critic as well as the attention of the reader. The author, Dr. Andrew Jackson Howe, one of Cincinnati’s best known and most revered citizens, during his many useful years here wrote this volume for the children in leisure moments, and for his own amusement as much as anything else. Since his death Mrs. Howe has been asked many times to publish it, and has at last consented to do so. Parents of inquiring little ones and teachers will find in the work a very great deal to relieve them in the way of answering the innumerable questions the little fellows

think to ask, for Dr. Howe has heard these same questions hundreds of times himself, and has written the answers here, in easy, interesting conversational style. In the narrative form the story describes "Uncle Dan's" talks with his nephews and niece, their excursions into the highways and byways of the country, and the hundreds of wonderful things they learned about nature, the birds, insects and animals. The book is semi-scientific, yet easily understood, is fully illustrated, and thoroughly worthy the confidence of those who have children to educate.—*Cin. Com. Tribune*.

A TEXT-BOOK ON THE DISEASES OF WOMEN. By Henry J. Garrigues, A. M., M. D. Second edition, containing 335 engravings and colored plates. W. B. Saunders, Philadelphia. Cloth, \$4.00.

The first edition of this valuable work served to so thoroughly introduce it, both to the profession in general and as a text book, that it is needless to say much at this time commendatory of the present edition. More attention, however, is paid to aseptic surgery; a large number of new illustrations appear, in several instances to replace old ones. The chapters on uterine fibroid and cancer have been re-written and improved. Much additional space is also given at this time to vaginal section, giving the subject the prominence that its importance demands. A number of pages are devoted to intestinal surgery, describing the chief methods employed in a number of the late operations, together with a description and illustration of the Murphy button, so successfully used at present in uniting the ends of a severed intestine after injury, or the removal of a section. With the appearance of the second edition the revision brings the work to the very present, so that any one desiring a work on gynæcology will do well to decide in favor of Garrigues'.

R. C. W.

PATHOLOGICAL TECHNIQUE. By F. B. Mallory and J. H. Wright. 105 illustrations, 400 pages. Price, \$2.50. W. B. Saunders, Philadelphia.

This new work will be found valuable to the student in the laboratory and the practitioner who is wanting in practical technique. The work is divided into three parts. Part 1 is devoted to post-mortem examinations, giving fully both the external and internal examinations of the body with the instruments and apparatus required for private autopsies or otherwise. Part 2 to bacteriological examinations, including apparatus, culture-media, examination at autopsies, diagnosis, and a good chapter on clinical bacteriology. Part 3 is devoted to histological methods. This includes the methods and formulæ for the histological examination of the more important organs in all suitable cases at autopsies. The thoroughly practical manner in which the book is written, together with an extensive list of fine illustrations, makes the work both valuable and desirable.

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We cannot annihilate these **germs**, nor has any medicine been discovered which will effectually destroy them in the body without injury to the subject. **Normal, healthy blood**, however, is known to be antagonistic to germ life. **It is self-protective**, and through it rests our hope of preventing or curing consumption, as well as the train of lesser ills that make possible its existence.

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TRUE TO THEMSELVES: A Psychological Study. By J. C. Skene, M. D.
Published by F. T. Neely, N. Y. Cloth, \$1.00.

Prof. Skene, of Brooklyn, has taken a new departure in this little work, from that of the foremost of modern gynæcologists. I take it that this has been his method of passing a period of recreation. His host of friends will enjoy this little "study," and, though not in the class of "Around the Red Lamp," it will please.

L. E. R.

DISEASES OF WOMEN. By J. B. Sutton, F. R. C. S., and E. Giles, M. D., F. R. C. S. 115 illustrations. Philadelphia: W. B. Saunders. 436 pages. Price \$2.50 net.

The reputation of J. Bland Sutton as one of the foremost writers and expert operators in gynæcology, is too well known to American students and practitioners, to require an extended introduction, or laudation of his intrinsic worth in the field of the diseases of women. This hand-book has much to recommend it to the profession. The simplicity of its classification of the various subjects, and the ample illustrations, at once commend the work to the careful student and the busy practitioner. The price, \$2.50, brings the work at once within the reach of all. Let no practitioner of any pretensions fail to have this volume in his library.

L. E. R.

THE ESSENTIALS OF OBSTETRICS. By Charles Jewett, M. D. Containing 356 pages, 78 illustrations, and 3 colored plates. Lea Bros. & Co., Philadelphia and New York. Cloth, \$2.25. For sale by Scudder Brothers Co.

This is rather a small work, but of what there is every page is interesting and instructive. It will prove a valuable acquisition to the library of every physician, and should be among his possessions. It deals only with the essential features of obstetrics, and to that end will serve to solve many a difficult question and knotty problem that are occasionally encountered in severe cases. It is divided into eight chapters, and the chapters variously subdivided so as to include the physiology and pathology of pregnancy, labor, and the puerperal state. Also a chapter devoted to obstetric surgery. The work merits ready recognition, and we commend it as one that will not prove disappointing.

STIRPICULTURE, or the improvement of offspring through wiser generation. By M. L. Holbrook, M. D. 12mo, 192 pages, cloth, \$1.00. M. L. Holbrook & Co., publishers, New York.

The author of this work is evidently an enthusiast on prenatal culture, heredity, evolution, the bearing of fewer and better children—finishing with a chapter on the "theoretical baby." The latter is generally a matter of "stern reality," and it is a question whether parents will ever be led to the mathematical consideration of the making of offspring at any certain time or condition of health. Still the book has much to commend it to the thoughtful, and is one step forward.

HEALTH OF BODY AND MIND. Some Practical Suggestions of how to improve both by physical and mental culture. By T. W. Topham, M. D. 12mo, 296 pages, cloth, Published by the Brooklyn Daily Eagle, Brooklyn, N. Y.;

This is a very instructive book for the laity, giving an extended series of movements and passive motions for the improvement of the various muscles of the human body. The work contains quite a number of fine illustrations. One thing that commends the book is the fact that all the instructions can be carried out without the aid of expensive apparatus usual to gymnastic exercises. J. K. S.

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E. M. JOURNAL AND COSMOPOLITAN, \$2.65 NET.

COLLEGE AND SOCIETY NOTICES.

CALIFORNIA STATE ECLECTIC MEDICAL SOCIETY.—Wednesday and Thursday, Nov. 17 and 18, this Society held its yearly meeting, and it is safe to say, that this 24th annual meeting was the most prosperous and harmonious meeting ever held. The hall of the California Medi-College was crowded, and it was a real pleasure to look into the faces of such a bright, happy-faced, sleek-looking lot of doctors, well groomed and well clothed every one. No one would guess that California had been passing through hard times, to look in on that prosperous looking lot of professional men.

The professors of the College were there. On some of them time is making his mark, but as these men looked into the faces of our graduates, and noticed the evidences of well doing—saw their quickness at repartee, and heard them take part in the discussions—they felt like saying, and did say, some of them, If we are called away, our cause is in good hands. I do not think there is a college in the land where

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there is a better feeling between alumni and professors than in the California Eclectic Medical College.

President Musgrave, one of our graduates of whom we are proud, conducted the business fairly, and yet in true parliamentary style. Besides the discussions, on the evening of the 17th there was an Eclectic seance, through the kindness of Mr. Armstrong, of the Union Iron Works of San Francisco, in which he was assisted by Dr. Fearn. The exhibition consisted of experiments with the X-ray., static and Franklin currents, which was much enjoyed. The last day came to a conclusion all too soon.

Most of the officers were re-elected, except the President, to which honorable office Dr. Fearn, of Oakland, was elected.

Dr. Maclean, Dean of the California Medical College, dwelt upon the importance of supporting the National, and moved that the Society pay to the Treasurer of the National Society the sum of ten cents for every member in good standing in the Society of California. This was carried unanimously.

The meeting adjourned to meet again in Sacramento, June, 1898.

ANNOUNCEMENT OF THE TWENTY-EIGHTH ANNUAL MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, AT OMAHA, NEB., JUNE 21 TO 23, 1898.

Members of the National Eclectic Medical Association:

The time is at hand when actual work of preparing the program for the next meeting of the Association must be commenced. The success of the meeting will depend largely upon the interest manifest by those who have been appointed to take charge of the work. It is hoped that all will be active in the support of the National. A large supply of short practical essays, a large attendance at the meeting, and a large increase in membership are to be looked for.

It is expected that those who have been appointed as section officers will do the best they can to bring about the desired end. Organize your section immediately and communicate with representative members of the Eclectic school; solicit papers, and their presence at the meeting.

It is hoped that members will respond promptly when called upon, so that the work may be facilitated as much as possible.

The chairman of each department should make a written report of all matters of interest, essays or discussion, to be presented in his section, to the President. Full reports must be made not later than March 1st, as at that time we hope to be able to publish a complete program. The following appointments have been made:

COMMITTEE ON RECEPTION AND ENTERTAINMENT.—Jerome M. Keys, Omaha, Nebraska; W. S. Yager, M. D., Omaha, Nebraska; Charles S. Nichols, M. D., Omaha, Nebraska.

COMMITTEE ON REGISTRATION AND THE PRESS.—Ira Van Camp, M. D., Omaha, Nebraska; P. Von Lackum, M. D., Omaha, Nebraska; F. L. Wilmuth, M. D., Eagle, Nebraska.

SECTION 1—Materia Medica: Chairman, W. E. Bloyer, M. D., 1526 Elm Street, Cincinnati, O.; Vice-Chairman, H. T. Webster, M. D., 230 Douglas Avenue, San Francisco, Cal.; Secretary, Arthur Weir Smith, M. D., 1326 Polk Street, Chicago, Ill.

SECTION II—Practice of Medicine: Chairman, R. L. Thomas, M. D., 792 East McMillan Street, Cincinnati, O.; Vice-Chairman, B. L. Simmons, M. D., Atlanta, Ga.; Secretary, W. S. Latta, M. D., 1116 L Street, Lincoln, Neb.

SECTION III—Surgery: Chairman, George W. Boskowitz, M. D., 40 E. 41st Street, New York City; Vice-Chairman, O. C. Reynolds, M. D., Lincoln, Neb.; Secretary, A. J. Weaver, M. D., Muscatine, Iowa.

SECTION IV—Surgical Gynecology: Chairman, E. L. Standlee, M. D., 2201 University Street, St. Louis, Missouri; Vice Chairman, G. A. Rowe, M. D., Buffalo, New York; Secretary, W. Harrison Hipp, M. D., 4446 State Street, Chicago, Illinois.

SECTION V—Medical Gynecology: Chairman, C. E. Quigg, M. D., Tomah, Wisconsin; Vice-Chairman, Thomas Garth, M. D., Clarion, Iowa; Secretary, M. A. Carriker, M. D., Nebraska City, Neb.

SECTION VI—Pediatrics: Chairman, J. V. Stevens, M. D., 100 State Street, Chicago, Ill.; Vice Chairman, Henry Helbing, M. D., St. Louis, Missouri; Secretary, B. Stetson, M. D., Central Bank Building, Oakland, California.

SECTION VII—Ophthalmology, Otology and Laryngology: Chairman, G. W. Johnson, M. D., San Antonio, Texas; Vice-Chairman, J. T. McClanahan, M. D., Boonville, Missouri; Secretary, F. Cornwall, M. D., 208 Mason Street, San Francisco, California.

SECTION VIII—Obstetrics: Chairman, E. D. Wiley, M. D., 302 Walnut Street, Des Moines, Iowa; Vice-Chairman, John R. Bangert, M. D., Shippensburg, Penn.; Secretary, J. B. Alexander, M. D., Hiawatha, Kansas.

SECTION IX—Neurology and Pathology: Chairman, Bishop McMullen, M. D., Shepard Sanitarium, Columbus, O.; Vice Chairman, Geo. A. Faber, M. D., 87 Bank Street, Waterbury, Connecticut; Secretary, T. W. Miles, M. D., 1544 Franklin Street, Denver, Colorado.

SECTION X—Therapeutics: Chairman, J. M. Hoover, M. D., Halstead, Kansas; Vice-Chairman, E. E. Bronson, M. D., Ganges, Mich.; Secretary, A. P. Hauss, M. D., New Albany, Indiana.

SECTION XI—Sanitary Science and Status: Chairman, Pitts Edwin Howe, M. D., Station S., Boston, Mass.; Vice-Chairman, J. A. Henning, M. D., Garnet, Kan.; Secretary, G. R. Shafer, M. D., Morton, Ill.

SECTION XII—Life Insurance Examination: Chairman, J. K. Scudder, M. D., 1009 Plum Street, Cincinnati, Ohio; Vice Chairman, Eli Wight, M. D., 853 Warren Avenue, Chicago, Illinois; Secretary, George Covert, M. D., Clinton, Wisconsin.

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The Cincinnati, Hamilton and Dayton Passenger Department feels the effect of business improvement in many ways. Passenger Traffic Manager D. G. Edwards last evening, in commenting upon business, said that during the dullest season experienced by roads in years he had extended his service in three ways.

"The Hannibal connection over the I. D. & W. and the Wabash," said he, "has been a most beneficial one. Our extensions of service have been to either meet competition or to reach out into new fields. I found that the Hannibal field was not reached by Cincinnati—in fact, the cities and towns along the Mississippi River, Quincy, Dubuque, Hannibal and others, had no through sleeping car connections to Cincinnati. Commercial travelers informed me that they found it necessary to be routed via St. Louis. The owners of our company acquired the I. D. & W., and this gave us an easy way of making an extension into the Western territory.

"Our mileage via the I. D. & W. and the Wabash is the shortest to Kansas City and Denver and other points. There has been a marked improvement in the business from this territory ever since the line was opened, and the car service is being better right along. We also found it advisable to make another extension via the I. D. & W. At Roachdale we connect with the Monon for Chicago. This deviation of about fourteen miles places us in touch with Crawfordsville, Lafayette, and other Indiana towns. Our last monthly statement showed that at Roachdale we handled over 1,200 interchangeable passengers.

"Our other extension of service was that with the Baltimore & Ohio and Baltimore & Ohio Southwestern for Washington, Baltimore and other Eastern Points.—Commercial Tribune, Cincinnati, O., Nov. 5, 1897.

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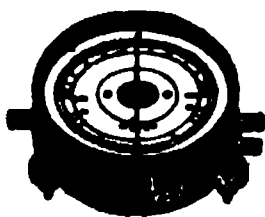
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SECTION XIII—Medical Legislation: Chairman, E. B. Packer, M. D., Osage City, Kansas; Vice-Chairman, V. A. Baker, M. D., Adrian, Michigan; Secretary, David Williams, M. D., 196 E. Long Street, Columbus, Ohio.

SECTION XIV—Railroad Surgery: Chairman, L. E. Russell, M. D., the "Groton" Cincinnati, Ohio; Vice-Chairman, H. K. Whitford, M. D., 103 State Street, Chicago, Ill.; Secretary, W. R. Schussler, M. D., Orlando, Illinois.

Committee to Procure Evidence Against Members Guilty of Unprofessional Conduct: George W. Boskowitz, M. D., 40 East 41st Street, New York City; W. E. Bloyer, M. D., 1526 Elm Street, Cincinnati; N. A. Graves, M. D., 126 State Street, Chicago, Illinois.

Committee on Location for Eclectic Physicians: Finley Ellingwood, M. D., 103 State Street, Chicago, Ill.; J. K. Scudder, M. D., 1009 Plum Street, Cincinnati, Ohio; D. Maclean, M. D., 710 Van Ness Avenue, San Francisco, California.

Any subjects not herein provided for can be placed on the program if reported to the President. If any further information is desired, a letter to the President or Secretary will receive a prompt reply.

The Corresponding Secretary, Dr. Pitts Edwin Howes, of Boston, is making arrangements for the comfort and happiness of those who attend the meeting.

E. J. FARNUM, M. D., President, 103 State Street, Chicago.

W. E. KINNETT, M. D., Secretary, Yorkville, Ill.

The Illinois State Eclectic Medical Society will hold its next meeting at Mt. Vernon, May 18 and 19. A very fine programme has already been announced for the next meeting, and can be obtained by addressing the Secretary, Dr. W. E. Kinnett, Yorkville, Ills.

PERSONALS.

Dr. O. C. Baird has located at Chanute, Kan., and is doing well.

Dr. E. A. Squier, E. M. I., '88, is now "holding the fort at Frankfort, Ind.

Dr. O. J. Smith, E. M. I., '95, is happily located at Ross, O. He has a very nice business for a two year old.

Dr. Harry Hatch, E. M. I., '97, is doing nicely at Townville, Pa. He is meeting with excellent success.

Dr. S. Schiller, E. M. I., continues to do an excellent business at 624 Market St., Youngstown, O. He is an excellent physician.

Location for sale in natural gas belt. Address N. B. Ross, DeSoto, Indiana.

J. E. Blanchard, M. D., E. M. I. '95, has moved from Hartsville to Derby, Ills., and is doing well.

Dr. E. H. Johnston, of St. Louis, has moved to Modoc, Mo. This location was mentioned in the last Journal.

Dr. D. H. Welling, E. M. I., 1878, is very successful at Wcrthington, O., the birth place of Eclecticism.

Dr. J. R. Bangert, E. M. I., 1890, is happy in his new house and a good business at Shippenville, Pa.

Dr. G. E. Starner, E. M. I., 1885, leads the race at Dunkirk, O. He's an easy winner.

Dr. Chas. A. Hartley, E. M. I., 1871, continues in a very pleasant and profitable business at Troy, O.

Dr. W. J. Couch, E. M. I., 1891, has an excellent business at 454 Grand River Ave., Detroit, Mich. He deserves it as he is a good student—a hard worker.

FOR SALE—cheap—Volumes of Eclectic Medical Journal, 1876 to 1891, inclusive. F. M. TATE, Keokuk, Iowa.

Dr. H. P. Klein, E. M. I., '97, is hustling into business at Ferdinand, Ind. He is sorry he can't come back to keep the boys in their "jostling" this fall.

Dr. David White, E. M. I., 1859, one of the veterans, is still in the harness at Ithaca, N. Y. Eclectic enterprises receive his sympathy and encouragement.

DIED, at Harpe, Ills., Dr. George Kirkpatrick, aged 84 years. Dr. Kirkpatrick has been an active and energetic Eclectic for 60 years. He was a charter member of both the National and Illinois Societies.

Dr. G. W. Beery, E. M. I. '94, is now located at Union Furnace, Ohio. He has just received the appointment of U. S. Pension Surgeon, and for a number of years he has been examiner for the Prudential and also for the North-western Life Insurance Companies.

Dr. D. Hefling, of Gilmore, O., has been elected County Sheriff, which will necessitate his removal to New Philadelphia, consequently there is a good opening for an energetic Eclectic physician at Gilmore. Address the doctor at that place, or address E. A. Wolf, of Dennison.

Dr. W. L. Helsel, E. M. I., 1896, is doing finely at Scalp Level, Pa. He says: "I am becoming more of an Eclectic and specific medicationist every day." *Every* practicing physician is in exactly the same fix, doctor.

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LIFE OF SIR ASTLEY COOPER.—The demand for this interesting brochure of the Norwich Pharmacal Co., Norwich, N. Y., has caused them to issue a second edition. Send for a copy.

A NEW PACKAGE.—Owing to continuous requests from public institutions, such as asylums, dispensaries, hospitals, homes and infirmaries, the Norwich Pharmacal Co., of Norwich, N. Y., will place upon the market on January 1st, 1868, a new five pound tin to be known as hospital size and will retail for \$4.75. This new package will doubtless be largely used by a great number of physicians outside of hospitals, as Unguentine is now recognized by leading members of the profession to be one of the very best Surgical Dressings in every case where there is inflammation and is a valuable addition to the office, shelf or table.

It is a well known fact that the use of astringent and antiseptic injections in the treatment of gonorrhoea not infrequently gives rise to various complications, such as cystitis, which not only prolong the course of the disease, but render it more severe and distressing. The problem of how to utilize the undoubted beneficial effect of these injections without subjecting the patients to the accompanying risks can now be regarded as finally solved. Micajah's Medicated Wafers are of uniform composition, definite strength, and contain those astringent and antiseptic principles which clinical experience has shown to be most serviceable in the treatment of affections of the mucous membranes. By dissolving one wafer in the desired quantity of water, a solution of definite strength is obtained, adapted to any stage of the disease, or the sensitiveness of the urethra. This method of treatment with the wafers will be found of value, both on the score of simplicity, efficiency, and convenience of application. Write Micajah & Co., Warren, Pa., for samples and literature.

In the March issue of the *University Medical Magazine*, Drs. S. Weir Mitchell, Wharton Sinkler, Charles K. Mills and others, in discussing the relation of nervous disorders in women to pelvic diseases said: "We have never seen a case in which ablation of the ovaries and termination of menstruation cured an epilepsy, and in all our life have met with only four reflex epilepsies, none of which were from uterine ovarian or tubal diseases, and we are inclined to think that some, at least, of the cases classed as epilepsies of ovarian origin are, in reality, excessively violent hysterical convulsions, and we conclude that insanity is aggravated by the menstrual epoch, whether normal or not, but that it is very rarely caused by that alone. A great deal of uterine and ovarian disease should escape the knife by the use of patient medical treatment—no grave surgery of the pelvis should be allowed without medical consultation," and by the conservative administration of Dioiviburnia, a uterine tonic and alterative, nervine and antispasmodic.

Robertson's Improved Multiple Comminuter.

This is the most useful, practical and efficient invention ever offered to physicians for the direct application of remedies to the respiratory organs, middle ear, etc.

Six different prescriptions or single remedies can be instantly used, separately or in any desired combination, without changing the medicine or removing the flasks.

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1,000 VIBRATIONS A MINUTE.—This device greatly enhances the utility of the apparatus, especially in diseases of the middle ear, occlusion of the Eustachian tubes, etc., and is the only efficient means of administering aural, nasal or pulmonary massage. It is capable of producing more than 1,000 vibrations per minute, can be regulated at will, and the gauge shows the exact force of each impulse.

IT EXCEEDS THEIR EXPECTATIONS.—The Improved Multiple Comminuter, in artistic appearance and perfection of operation, far exceeds any description that can be given on paper. Physicians who order before seeing it invariably acknowledge that it is superior to their expectations.

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PATENTED.—United States, Nov. 12, 1895. Canada, March 10, 1896. England, Nov. 12, 1896. France, Nov. 12, 1896. Germany, Nov. 12, 1896.

BEWARE OF IMITATIONS.—Dr. Robertson is the original inventor, and holds the only patents ever issued on a Multiple Vaporizing, Nebulizing or Comminuting apparatus. Damages for infringement have already been collected, and all persons are cautioned against buying, selling or using any imitation of this invention. Address

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ORIGINAL COMMUNICATIONS.

BONE SURGERY.

By B. Roswell Hubbard, M. D., Sandusky, O.

IN surgical parlance, we speak of amputation, exsection, resection, decapitation and excision of bones, and to a certain extent these terms are used synonymously; however, decapitation, exsection, and resection have special reference to the removal of the ends of bones, while the term excision may denote the removal of a bone in its entirety, and only differs from amputation in that in excision the soft parts surrounding the bone are left intact, while to amputate means the complete removal of the bone and the muscular structure surrounding it.

The conservative surgeon will resort to resection or excision of necrosed bone structure before he will cause the loss of the limb by amputation, unless it be to stay the progress of malignant disease. It is safe to say that modern surgery is greatly indebted to the brilliant success attending the earlier efforts in the excision of diseased bone tissue. Cases brought to our notice for consideration are caries, necrosis, fractures, gun-shot, railway, and various kinds of deformities. Of this enumeration, excision is performed more frequently for caries than for any other bone affection, and the post operative results are very satisfactory.

Some three months ago I was invited to see a boy about fourteen years of age, whom I found to be suffering from caries of the humerus. The bone was in a state of ulcerous inflammation nearly its entire length, the surrounding soft parts badly swollen and intensely painful. This condition was of long standing, being the result of a

fall received some two years previously. An abscess had formed some months before I saw the case about three inches above the elbow. It was lanced, the pus cavity well syringed out with antiseptic washes, nevertheless the arm continued painful and inflamed up to the time I took charge of the case. A careful examination at this time determined three pus cavities, which were laid open and well cleansed and drained. At a later period I opened two more abscesses, at which time I laid the soft parts well open to the bone, and with a sharp cutting curette I removed much dead bone, cutting well into the healthy bone tissue. This last procedure, I am well satisfied, saved the arm, as any less radical measure could not have prevented excision of the entire humerus. After curetting, the parts were dressed with a ten-per-cent. emulsion of iodoform in glycerine, and bandaged.

A bad case of gun-shot injury, in which about two inches of the upper extremity of the humerus was shot away, recovered fairly good use of the arm after excising the shattered end of the bone, preserving, so far as possible, portions of periosteum, and fixing the arm in an extended position by a plaster-of paris cast to chest and arm, the iodoform emulsion constituting the dressing used, followed by packing the wound with iodoform gauze.

In complicated fractures of the bones of the extremities, it is good surgery to cut down upon the site of the broken bone, and remove any fragments that may be found there existing as a foreign body, also to disengage shreds of periosteum that are prone to become impinged between the ends of the fragments while adjusting the fracture. An objection might be raised to following out this procedure on the ground that cutting down upon the fracture might complicate matters still more by making a compound fracture out of a more simple one, and making a gaping wound into which bacteria would swarm, thereby making infection all the more probable. While admitting this in a measure to be true, the risk is more than compensated for by freeing the bruised and torn tissues from blood-clots and spiculæ of bone that would prove a barrier to a successful adjustment of the fracture. Many a case of *false joint* (ununited fracture) has been recorded by surgeons doing an extensive practice in this line of work, where an explorative incision timely made, would have most likely shown the complicated condition above referred to, and better results would have been obtained by the interference.

To illustrate: About three months since, a young boy, about twelve years of age, fell from a tree, breaking the femur midway between the knee and hip. Upon examination I discovered marked displacement of the fractured ends, the end of the upper fragment protruding through the soft parts two or three inches.

Under an anæsthetic, I laid the thigh open at the site of injury, turned out a large quantity of blood and serum and a detached fragment of the femur some three inches in length, which, I could not have discovered and removed had I not cut down upon it as I did.

After cleansing the deep ragged wound, and adjusting remnants of periosteum, the leg at the site of injury was incased with splints two inches wide and twelve long, secured with strong tape strings; the patient placed on a fracture bed, the foot of which was elevated some eight inches; the feet were secured to the foot of the bed through the medium of an adhesive strip plastered along each side of the leg extending some four inches from the sole of the foot, thus forming a loop. This strip was securely held in place by several circular turns of adhesive strips around the leg. The patient lying thus upon an inclined plane gave the most rational way of bringing about extension and counter-extension. The patient was confined in this position about fourteen weeks, in which time substantial bony union had taken place. Two weeks later he was out on crutches, and today he is about with no shortening or hitch in his gait.

While upon this subject I wish to say a word regarding the treatment of an ununited fracture. Of the causes that may be enumerated leading up to the non-union of bone, may be mentioned: want of nutrition, sclerosis, foreign bodies engaged between the fragments, and perhaps the most common of all, the imperfect adjustment of the fractured ends.

There are several methods in vogue for dealing with an ununited fracture, any one of which has been successful under certain conditions. The same method could hardly be proposed for every case that presents itself for relief. The bruising of the partially disorganized ends of the ununited fragments with a metal mallet serves to instil vital activity. Adjust the fragments, then apply a plaster cast, producing absolute fixation. Good results follow this that could not be obtained by other methods.

Senn, of Chicago, advocates the use of decalcified bone chips so placed between the ends of the fragments that during the process of absorption and the consequent tissue change that ensues to a greater or less extent, sufficient reparative material is exuded to stimulate the requisite repair.

The wiring together of the ends of broken bones is not a method of modern surgical procedure, although the results that have followed this course, in certain cases, have been such as to commend the method.

The method that I prefer to all others, owing to the greater number of cures resulting, is, under strict antiseptic measures, wire the ends of the fragments together, after which slit open the periosteum in three or four places, extending each way from the line of fracture; raise the edges of the periosteum where split sufficiently to slip in little slim spiculæ of freshly removed bone, over which the periosteum is stitched, and the wound antiseptically dressed. These spiculæ of bone can be taken from a dog, calf, or other animal, observing in every case that the animal is in a healthy condition.

Success is more apt to occur in bone grafting where recently re-

moved bone tissue is employed, instead of the decalcified bone chips, as in the former case centers of ossification much more readily take place. This last procedure is followed almost exclusively by Prof. A. M. Phelps, the noted New York orthopædic surgeon, whose record of cures will commend the course.

Let me reiterate what I have previously said in this article, that if greater care were taken at the time of the injury to free the ends of broken bones from shreds of periosteum and spiculæ of bone, and a proper adjustment of the fragments followed up with suitable dressings, ununited fractures would be seldom met with; and to this end do not be afraid to cut down upon the seat of fracture, that you may positively determine the existing condition of the parts in every complicated case.

An operation in bone surgery that has for its object relief from excruciating pain and grave nervous symptoms, and is extremely delicate of execution, is that of opening the mastoid antrum. The field of operative procedure being rendered thoroughly aseptic, an incision about one and one-half inches in length is made from a point just above the apex of the mastoid process, extending upward on a line with and a half inch from the attachment of the ear. The incision is carried at once to the bone, and the periosteum elevated each way from the line of incision to the extent of half an inch. The bone being thus exposed, an opening is made about its center on a line with the incision with a small bone gouge, using a small leaden mallet to execute the work. The opening in the bone thus made is extended each way, and carefully deepened not to exceed three-quarters of an inch, for to go beyond this depth the external semicircular canal is apt to become injured.

Should pus be reached at any depth the necrosed bone should be cautiously curetted out, the cavity thoroughly cleansed with a solution of peroxide of hydrogen, or what would be perhaps better, a one-fourth of one per-cent. solution of formalin, after which the wound should be packed and carefully drained. A couple of sutures at each extremity of the wound will complete the operation.

The probable instruments required in mastoid operations are, three or four artery forceps, a scalpel, a periosteum elevator, a pair of small retractors or self-retaining hooks, two or three small chisels and the same number of gouges, assorted sizes of sharp cutting curettes, a small probe or two, a pair of thumb forceps, tongue forceps, and a small hot-water syringe.

The posterior auricular artery or some of its branches will be divided during the primary incision, the vessel will require the compressing influence of a snap artery forcep for a moment, the vessel twisted, if need be, on the removal of the instrument.

Should a pus cavity be opened, the cavity will be rapidly cleaned, the hemorrhage dried with absorbent or sublimated gauze before entering the bony canal.

In opening the antrum the strokes of the mallet upon the chisel must of necessity be light to prevent forcing the cutting instrument through the soft and porous bone into the vital parts.

As soon as the cavity is reached dead bone tissue will most likely be encountered. This will be found altered in color and texture, and can easily be removed with the curette, which should be thoroughly done till healthy bone tissue shows up on all sides. Should a sinus be accidentally opened, active hemorrhage will ensue. This will demand packing with medicated gauze, and further operative procedure must be deferred for a week or ten days.

One thing the surgeon must be thorough in, and that is in removing every vestige of carious bone; failing in this, the operation can not fail of proving fruitless of the desired results.

A deformity that the surgeon will be frequently consulted about is that of knock-knee, or genu valgum, and may be described as that abnormal shape of the leg in which the knee will be shown to a greater or less extent inside a perpendicular line drawn from the head of the femur to a point midway between the malleoli.

Bow-legs, or genu varum, is another deformity of the leg, but in its distinctive feature the opposite of knock-knee. In this deformity the knee is thrown outside a straight line drawn from the head of the femur to a point midway between the malleoli. This latter deformity is more frequently met with than the former. By referring to tables of statistics it is shown that two cases of bow-legs are tabulated to one of knock-knee.

It is not an uncommon thing to meet with both deformities in the same patient, and may be either congenital or acquired. If congenital, the cause can most likely be traced to some systemic ailment, perhaps rickets. If acquired, the abnormal condition begins to manifest itself between two and five years of age, or about the age that the child begins to walk, and is, no doubt, the result of a rhachitic, arthritic, or paralytic condition of the body.

If a systemic taint be suspected, such remedial agents should be administered as will tend to correct the wrong, and will comprise tonics, peptics, and restoratives. There may be mentioned in this connection, acid solution of iron, Fowler's solution of arsenic, pepsin, Stearn's wine of cod liver oil, and such nutrient foods as are best suited to fulfill the requirements of the system, as the cereals, eggs, beef and milk, pickled pig's feet, salt mackerel, with mineral water, ginger ale, and in *some cases* nice cool ale or porter will be relished, and satisfy an existing systemic demand.

Having thus hinted at a general systemic treatment, we will pass at once to the correcting of the existing deformity.

By referring to works on orthopædic surgery one will find any number of splints, braces, casts, etc., there displayed for correcting bow-legs and knock-knees, some of them good, others, if applied would accomplish nothing, and by the loss of time the deformity would con-

tinue on in its abnormal growth, and become more difficult to remedy when the case fell into experienced hands that could *fight it to a finish*.

The proper time to correct these deformities is at their very inception, and by manipulation. This process will, if resorted to in time, overcome contracted tendons, straighten the shafts of the long bones in early life, especially should the case in hand prove to be congenital. This may or may not be accomplished at one sitting.

The child to a certain extent under an anæsthetic, the skin is softened with vaseline, and manipulating force is slowly but firmly brought to bear upon the distorted limb till all deformity is overcome. The leg is then dressed in a plaster cast, which is, while setting, slightly overcorrected. This cast will be left on from two to three weeks, depending upon the swelling and pain that may ensue as a result of the manipulating process. It may then be cut down in front, sprung off, the limb bathed, and the cast re-applied and secured by a bandage.

In case of knock-knee much may be accomplished by the use of the steel brace that has been so ingeniously fashioned and adjusted, but the process is slow and a source of constant irritation.

Should a case of bow-legs, however, fall into my hands for correction, where the patient has attained the age of five to ten years, I should at once advise osteoclasis, to overcome the defect. The operation is perfectly legitimate, easy of execution, quickly done, and gives excellent results. In its execution I much prefer Grattan's improved osteoclast to Collins' or Rizzoli's, from the fact that if the proper care is exercised, the soft parts about the seat of the fracture are seldom bruised, or the skin lacerated, as is apt to be the case where the other instruments are used.

A folded napkin is placed between the jack and the soft parts. This lessens, to a great extent, the liability of breaking the skin. The thread on the improved Grattau instrument is larger, so that the jack can be run forward, breaking the bone, and back again so quickly that practically no injury to the soft parts ensues.

In the case of bow-legs, after the bones have been fractured they are to be put up in a plaster paris cast, which will remain in place two weeks or more, unless for reasons it should require removal, and in this event the cast should be cut down in front, when it can be sprung off and on the limb as occasion requires, a bandage being run over the cast upon its being again adjusted to the limb. This holds it snug, and prevents the cast from gaping.

I have said nothing regarding the correction of these deformities by osteotomy; however, cases may present themselves where this operative procedure should be advised, instead of osteoclasis. Should we wish to break the continuity of bone close to the joint (the only time this procedure is really justifiable), we would proceed as follows: After rendering the site of the operation aseptic, a longitudinal incision is made some two inches in length on the inner aspect of the thigh and from two to three inches above the condyle. The osteotome is then

thrust through to the bone, when it is turned at right angles to the shaft, or made to assume any other position desired, when with a few taps with a wood mallet the bone may in part be divided. The remaining section of the bone may be fractured by manipulation.

To execute the work properly the leg should rest upon a sand-bag, and great care should be exercised while cutting through the posterior part of the bone not to injure the blood vessels lying in close proximity to it. To avoid this it is well to use a medium width osteotome and keep the cutting edge directed forward and outward.

MacEwen's osteotomes are well calculated for this work, being graduated in size and of good temper.

THE NEWER MATERIA MEDICA. I. ECHINACEA.

By Prof. H. W. Felter, M. D., Cincinnati, O.

IT is the purpose of the writer to give, in this and succeeding numbers of the JOURNAL descriptive articles upon the newer remedies, or such as have come into prominence during recent years. The design is to give in collective form the facts of interest concerning these remedies—a *resume* of botanical, historical, pharmaceutical, chemical, and therapeutical researches. Some of these articles, if not all, will be accompanied with appropriate illustrations. The first of the series is—

ECHINACEA—the root of *Echinacea angustifolia*, DeCandolle.

Natural Order—Compositæ.

Common Names—Narrow-leaved Purple Cone-flower, Purple Cone-flower, Cone-flower, Black Sampson.

Conspicuous among the remedies introduced within recent years, echinacea undoubtedly takes the first rank. Much has been written concerning this drug—more by the way of endorsement than of condemnation. There is no doubt that its exact position is not yet fully determined. Echinacea has come to stay, and will eventually find its specific place in therapy. As with all new remedies, it has suffered the usual over-estimation, in that it has been indorsed for almost the whole range of human ailments, and the exaggerated claims made for it led Prof. Lloyd to view it with suspicion for a long time. Many over-sanguine statements concerning its wonderful—yes, practically impossible—virtues have, however, been judiciously withheld from publication, lest a remedy of great value should be placed in bad repute through exaggerated reports—a condition that has not been altogether avoided even by this care. But is this not the record of the majority of the most important of our drugs?

Prof. H. T. Webster, in his most excellent work, *Dynamical Therapeutics*, and without which no Eclectic is thoroughly equipped for work, has given the most extensive, though sectional, account of the therapy of the drug. Our paper is more general, and prepared not so much to commend everything mentioned herein, but that, in having

the matter systematically brought together, a better study of the drug may be pursued.

Though now a well-known drug, echinacea stands peculiarly alone in being essentially a *new* remedy. Many remedies which have lately been introduced can be traced back for years, and some of them for centuries, as having at some time occupied a place in either domestic or professional practice. Our ancient scientific works are silent concerning echinacea. Gray, in his *Synoptical Flora of North America*, published some years ago, wrote simply, "Used in popular medicine under the name black sampson," but since he refers to the plant as "black sampson," a name applied to *Echinacea purpurea*, it may be accepted that he referred to that drug. A careful search through the large number of works upon domestic medicine, herbals, medical botanies, and the so-called "irregular" works upon practice, contained in that vast collection of scientific books, the Lloyd Library, failed to reveal even a mention of *Echinacea angustifolia* as a medicinal agent. In this connection, the following from the pen of Mr. C. G. Lloyd, who identified the drug first used by Dr. Meyer and Dr. King, will serve to distinguish between black sampson and *Echinacea angustifolia*:

"*Echinacea purpurea*, Moench, is a plant growing in the eastern States, from Pennsylvania west. It was introduced in King's Dispensatory under the name *Rudbeckia purpurea* and the common name black sampson. *Echinacea angustifolia*, D. C., is an entirely different plant, found only in prairie regions, and not occurring east of the prairie regions of Illinois, and has never been used under the name black sampson. There is no mention of it in medical literature preceding the paper of Drs. Meyer and King."

The first notices concerning echinacea are from Eclectic physicians, and the drug is, from start to finish, an Eclectic medicine.

Botanical Source.—*Echinacea angustifolia* is an herbaceous plant, the thick, black, pungent root of which sends up from year to year, a slender, sometimes somewhat stout stem, bristling with hairs, and from two to three feet high. The leaves (see illustration), which are three-veined and hispid-pubescent, vary in shape from broad-lanceolate to lance-linear. At the base they become slender, and the lowermost have short petioles. The involucre consists of about two rows of lanceolate, scaly bracts. As the flower develops the disk is at first concave, but as the growth progresses it becomes ovoid, the receptacle taking on a sharply conical form. The linear-lanceolate, chaff-like bracts of the receptacle are firm, remain permanently attached, are boat-shaped and concave, and become narrowed into a stiff, spine-like crisp, extending beyond the disc-flowers. The ray-flowers are narrow and from one to two inches long. They are rose or purple, and drooping or pendant, and, while withering, are yet persistent. They are generally "imperfectly styliferous." Rarely these ray-flowers, or ligules, are white. The disc-florets are cylindraceous, presenting fine, erect teeth, and the tubular portion upon which the stamens are

inserted is scarcely a tube proper, but merely a ring. The fruit consists of acutely four-angled akenes (one-seeded, dry, indehiscent pericarps, tipped with the remains of the style), of a firm, tough, yet cork-like texture. They are beset with a thick, crown-like pappus, which is extended somewhat into triangular teeth.



LEAF.
 $\frac{2}{3}$ natural
 size.

History.—*Echinacea angustifolia* is an indigenous plant of the composite order, growing chiefly in the western States, from Illinois to Nebraska, and southward through Missouri to Texas, thriving best in rich prairie soil. That which grows in marshy places is of inferior quality. It has also been stated that it grows in rocky and sandy soil. The plant, however, which is abundant in Kansas, Nebraska, and neighboring localities, is not mentioned by P. A. Rydberg, in his recently published *Flora of the Sand Hills of Nebraska* (Contributions to the U. S. Nat. Herbarium, Vol. III, No. 3, 1895.) The plant blooms from June to August.

Echinacea is known in Kansas, at least, as *Nigger-head*, a name derived from the shape and somber hue of its fruiting head. The scientific appellations are derived from physical features of the plant, and are therefore descriptive. The generic term, *Echinacea*, is derived from the Greek *echinos*, meaning hedge-hog or sea-urchin, referring to the fanciful resemblance of the spiny fruiting head to those species of the land and sea; while the specific name, *angustifolia*, comes from the two Latin words, *angustus* (narrow) and *folium* (leaf), contrasting thereby this species with the other forms of *echinacea*, this being the narrow-leaved species.

The introduction of *echinacea* into professional practice is due conjointly to Dr. H. F. C. Meyer, of Pawnee City, Neb., and the late Prof. John King. The former had, for many years (since 1870), been using the plant without knowing its botanical position. In a letter to Prof. King (see E. M. J. 1887) in 1886, he communicated to the latter his uses of the drug, as he had been employing it for sixteen years. His claims for the remedy were based upon the conclusion he had reached that it was "an antispasmodic and an antidote for blood-poisoning." The enthusiastic doctor had been using it in a secret mixture with wormwood and hops, which he had denominated "Meyer's Blood Purifier," and so desired to place it before the profession. Among his claims for it was its antidotal action upon the poison of various insects, and particularly that of the rattlesnake. Meyer stated that he even allowed a rattler to bite him, after which he bathed the parts with some of the tincture, took a drachm of it internally, and lay down and slept, and upon awakening all traces of swelling

DRIED ROOT.
 $\frac{2}{3}$ nat. size.

had disappeared! Prof. King wrote: "He (Dr. Meyer) kindly offered to send the writer a rattler eight feet long, that the antidotal influence of the tincture upon dogs, rabbits, etc., bitten by said serpent, might be tested; but having no friendship for the reptile, and being unaccustomed to handling this poisonous ophidian, the generous offer was courteously declined."

The following range of affections were those in which Dr. Meyer claimed success for this remedy: Malarial fever, cholera morbus, cholera infantum, boils and internal abscesses, typhoid fever (internally and locally to abdomen), ulcerated sore throat, old ulcers, poisoning from rhus, erysipelas, carbuncles, bites and stings of bees, wasps, spiders, etc., in nasal and pharyngeal catarrh, hemorrhoids, various fevers, including typhoid, congestive and remittent, trichinosis, nervous headache, acne, scrofulous ophthalmia, milk crust, scald head, and eczema; also in colic in horses. Subsequent use of the drug has in a measure substantiated the seemingly incredulous claims of its introducer, for it will be observed that most of these conditions were such as might be due to blood depravation, or to noxious introductions from without the body—the very field in which echinacea is known to display its power.

In the autumn of 1885, Dr. Meyer sent to Prof. J. U. Lloyd a quantity of the root, desiring the latter to enlighten him as to its botanical name. At the same time he expressed Dr. King a quantity of the tincture. Prof. Lloyd, entirely discrediting the claims of Meyer, wrote to him that he could not name the plant from the root alone, whereupon the latter shipped another quantity of the root, followed (Sept. 28, 1886) by a specimen plant, which Mr. Curtis G. Lloyd then identified as *Echinacea angustifolia* of DeCandolle. (See paper by Prof. Lloyd on Echinacea in the E. M. Journal, Aug., 1897.)

Prof. King, appearing to have more faith than Prof. Lloyd in the possibilities of the new drug, took an active interest in it, and by experimenting extensively was soon convinced of its great value. His use of it led him to report success in obstinate naso-pharyngeal catarrh; in rheumatism (one case being of the articular variety); in cholera morbus and cholera infantum; in chronic ulcers of the leg (one case of which was complicated with an eczematous eruption of years' standing); also in painful chronic hemorrhoids, vaginal leucorrhœa with ulceration of the os uteri, poisoning from poison ivy and stings of wasps and bees, with very extensive swelling. Dyspepsia, with pain and great distress, aggravated by partaking of food, and long resisting treatment, also yielded to it. Goss (*Chicago Medical Times*, 1888), who also became interested in the drug, praised it as a remedy for mad-dog bites, chronic catarrh, chronic ulcers, gonorrhœa, and syphilis. Dr. A. Parker, of Wilber, Neb., also reported success with it in an apparently hopeless case of septicæmia. Then followed the reports of Dr. Hayes (see below), whose statements did much to obtain general recognition for the drug.

*Description, Chemical Composition, and Preparations.**—The root of echinacea varies in thickness from that of an ordinary lead pencil to that of the little finger. The deep brown or reddish-brown epiderm is shrunken and wrinkled longitudinally, and is often disposed in spiral folds upon the subdermal portion of the root. The woody portion, as seen upon transverse section (see illustration of root), is composed of medullary rays separated by a greenish, pulp like substance. When broken the dried root exhibits a dry and apparently rotten aspect. When chewed the root, if of good quality, imparts at first a sweetish taste, subsequently becoming acrid and pungent, and finally leaving a persistent tingling sensation, followed by a peculiar numbness of the tongue and fauces, seemingly intermediate in character between that produced by aconite and cocaine. It has been compared to the prickling produced by prickly-ash, but it is essentially different, being lacking in the peculiar aromatic qualities of the latter.

Tincture of echinacea is transparent, and of a reddish-brown color. It mixes well with water, as does also the fluid extract, which gives at first no appreciable precipitation in that fluid. The preparations chiefly employed by Eclectic practitioners, and from which the medicinal value of the agent has been determined, are specific echinacea and echafolta. The latter is a purified preparation of echinacea, free from coloring matters and extraneous substances, such as chlorophyl, extractive and other "plant dirt." It should be noted that much of the crude echinacea upon the market is of but little medicinal value. This is due not only to poorly kept and cured roots, but chiefly to the locality in which it grows. Much of the drug collected in the marshes and low lands east of the Mississippi is of this negative quality. The best quality of root comes from the prairie lands of Kansas and Nebraska. According to Prof. J. U. Lloyd (E. M. J. 1897, page 427) who has made the most complete pharmaceutical study of this drug, the best menstruum for the preparation of either the fluid extract or common tincture of echinacea is a mixture of alcohol four parts and water one part. Echafolta has a pale straw-yellow color, and is a decidedly representative preparation.

Chemical investigations of echinacea reveal the presence of but minute quantities of an alkaloid, which is devoid of color and is unimportant so far as its medicinal qualities are concerned. Earlier analyses failed to show the presence of this principle, but the characteristic principle of the root appears to be an acid organic body of a resinous character. It is nearly if not quite colorless, and possesses in an exalted degree the persistently acrid qualities of echinacea—so intensely, says Prof. Lloyd, that it is very distressing to the taste, even in very small amount when pure. He informs us that the tingling sensation affects the tip of the tongue for hours. But small quantities of

* Adapted in part from article by Prof. J. U. Lloyd in E. M. Journal, August, 1897.

it are present, even in the best root—"less than one half to one per cent."

Therapeutic Uses.—As a therapeutic agent echinacea is often used both internally and locally at the same time; therefore in this article the internal and external uses will not be given separately, but collectively. And inasmuch as *echafolta* is a name given to distinguish a purified form of echinacea, the remarks concerning the one are equally applicable to the other, except in important surgical cases, where greater cleanliness is desired, when *echafolta* is to be preferred.

Under the older classification of remedies, echinacea would probably be classed as an antiseptic and alterative. Strictly speaking it is practically impossible to classify an agent like echinacea by applying to it one or two words to indicate its virtues. The day is rapidly approaching when these qualifying terms will have no place in medicine, for they but inadequately convey to our minds the therapeutic possibilities of our drugs. Especially is this so with regard to such terms as alterative, stimulant, tonic, etc. If any single statement were to be made concerning the virtues of echinacea it would read something like this: "A corrector of the depravation of the body fluids;" and even this does not sufficiently cover the ground. Its extraordinary powers—combining essentially that formerly included under the terms antiseptic, antifermentative, and antizymotic—are well shown in its power over changes produced in the fluids of the body, whether from internal causes or from external introductions. The changes may be manifested in a disturbed balance of the fluids resulting in such tissue alterations as are exhibited in boils, carbuncles, abscesses, or cellular glandular inflammations. They may be from the introduction of serpent or insect venom, or they may be due to such fearful poisons as give rise to malignant diphtheria, cerebro-spinal meningitis, or puerperal and other forms of septicæmia. Such changes, whether they be septic or of devitalized morbid accumulations, or alterations in the fluids themselves, appear to have met their Richmond in echinacea. "Bad blood," so called, asthenia and adynamia, and particularly a tendency to malignancy in acute and sub-acute disorders, seem to be special indicators for the use of echinacea.

Outside of the claims made for this remedy by its introducer, which included many of the conditions for which it is now valued, it first attracted general notice as a remedy for septicæmia, in which malady it appeared to promise more than any remedy previously in use. The reports of Dr. Hayes (E. M. J. 1888, pp. 68, 142) gave an impetus to the use of the drug in this direction; since which time physicians whose statements are valued, have lauded it as a remedy in various forms of blood-poisoning. Thus it has been successfully employed in injuries complicated with septic infection. A crushed hand, thought to be beyond aid, with the intolerable stench of putrid flesh, was saved by the application of echinacea. It has given equally satisfactory results in alarming cases of venom infection, with great depression,

from the bites of the rattlesnake, tarantula and other spiders, and from the stings of scorpions, bees, wasps, etc. Prof. Webster, among others, speaks highly of its action in slow forms of cerebro spinal meningitis, using it as the basic remedy (in connection with other indicated drugs), because of its sedative virtues, controlling, as he believes, the vascular area concerned in the nutrition of the cerebro-spinal meninges, and for its effects upon the general circulation. The cases benefited were those characterized by a slow, feeble pulse, or at least a pulse not appreciably quickened, with the temperature scarcely elevated, and cold extremities. The evidences of cerebral disturbances were erratic. Headache with a peculiar periodical flushing of the face, even to the neck, was present, and associated with these symptoms, dizziness and profound prostration. Prof. Webster was the first, we believe, to employ the remedy in this affection. He asserts that as a stimulant to the capillary circulation no remedy is comparable with it, and that it endows the vessels with a recuperative power or formative force, so as to enable them to successfully resist local inflammatory processes due to debility and blood depravation.

While clinical evidence is strong in support of the curative action of echinacea in diphtheria, the writer can not but feel that in some instances, at least, the reports have been based upon mistaken diagnoses, and upon non-malignant cases. He is forced to this view from a liberal use of the drug in several cases of a malignant type in which it utterly failed to accomplish the results desired. Non-malignant forms of diphtheria tend to recovery, and we should be careful about endorsing remedies as curative in such cases, lest we bring discredit upon a good remedy by making sweeping claims for it which can not be substantiated when the drug is put to a test in the severer forms of the disease. Nevertheless, in these non-malignant cases it appears to expedite convalescence.

In the various forms of tonsillitis it has given better results, particularly in the necrotic form, with dirty-looking ulcerative surfaces. It comes well endorsed as a remedy for that malignant form of quinsy known in some of the western States as "black tongue." Echinacea will contribute much to the cure of various catarrhal affections of the nose, naso-pharynx, and other portions of the respiratory tract. It is specially indicated by ulcerated and fetid mucous surfaces, with dusky or dark coloration, and a general debilitated habit. Many patients who have taken echinacea for other purposes have remarked its beneficial effects upon catarrh, from which they were suffering at the same time. Chronic catarrhal bronchitis and fetid bronchitis have been signally benefited by echinacea, and it has done that which few remedies can accomplish, *i. e.*, it has overcome the stench of pulmonary gangrene, and if given early it is asserted to avert a gangrenous termination in pulmonic affections. A case of typhoid pneumonia reported by Shelley (*Med. Gleaner*, 1894) with a "jet-black coating of

the tongue," evidencing sepsis, improved rapidly under echinacea, in about two drop doses every three hours.

Echinacea is a good appetizer, and improves digestion. The writer has used it with good results in fermentative dyspepsia, with offensive breath and gastric pain as prominent symptoms, which were also aggravated upon taking food. It is also efficient in duodenal catarrh, and other forms of intestinal indigestion, with pain and debility. Few remedies are as efficient in ulcerative stomatitis, and in nursing sore mouth it is asserted to be promptly curative. It has been praised in diarrhoea, cholera morbus, cholera infantum, and dysentery, all of the semi-inflammatory type, with a tendency to malignancy. Applied externally and given internally, it has been of service in aborting typhlitis and perityphlitis.

Echinacea has been prominently mentioned as a remedy for fevers. In the eruptive fevers, as measles, chicken-pox, and scarlet fever, it has received some praise, especially for its control over the catarrhal phases of the former, and its influence in masking the odor and controlling the pain of the scarlatinal angina. The fevers, however, in which it has accomplished the best results are of the typhoid and typho-malarial types, as well as in sympathetic fevers from septic infection and from rheumatic attacks. Notwithstanding that it has been recommended as one of the best antimalarial remedies, it appears to exert but little influence over periodicity. Prof. King reported signal failure in every case of ague in which he gave it a trial. Others, however, speak of it as a remedy for malaria when of an asthenic character. Possibly in such conditions it might prove of value, as the fevers in which it has proved so successful have been characterized chiefly by adynamia. Very likely its usefulness here depends more upon its influence over the asthenia than upon the miasmatic poison. However, Dr. Snyder, of Cameron, Mo., a good authority, contends that it is an excellent remedy for chronic malaria, a personal use of it having first convinced him of its value. The doctor has not, however, given us the special cases to which it is adapted. Epidemic influenza (*la grippe*) is occasionally ameliorated by echinacea, and in all such cases with great debility it assists materially in securing a good convalescence.

Puerperal fever, due to septicæmia, yields somewhat to echinacea with potassium chlorate and other indicated remedies; yet in some cases it is inadequate to check the disease unless a thorough curetting of the womb, to insure against the absorption of imprisoned fragments of placenta or unhealthy discharges, be first resorted to. Frequently this procedure alone, with a free use of hydrogen dioxide solution as a douche, is sufficient to cure, but a marked debility often persists. It is this debility that is so pronouncedly benefited by echinacea, and in two instances the writer has thought that the high temperature was averted, and the weakened system greatly sustained, by the liberal use of echinacea, until curetting had been accomplished. Others

have been more fortunate in the use of the drug, giving it the credit of being the main agent in accomplishing cures. Its internal and local use is recommended. Hayes commends it in "mountain fever," an affection often mistaken for typhoid fever.

Echinacea is in some respects a remedy for pain. It relieves the pain of erysipelas, and contributes largely to a resolution of the swelling when extensive, tense, and of a purplish-red hue. It is reported to have relieved the pain of cancerous growths, particularly when involving the mucous membranes, as cancer of the fauces. Prof. Farnum calls attention to the wonderful rapidity with which the odor of carcinoma is overcome by echafolta. He strongly recommends it as an application for cancer, and relates a case of mammary cancer long held in check by it. He also advises its internal administration in cancerous cachexia. So great is the confidence placed in this agent by our foremost surgeons that they have been content to use it with sterilized water to cleanse and dress, after operations, discharging tubercular abscesses, gangrene, empyema with gangrene of the lung, appendicitis, and carcinoma of the breast and testicle (Farnum). Prof. L. E. Russell advises echafolta as a preventative of sepsis, giving it internally previously to operations, to act as an intestinal antiseptic; and locally as a corrective, to dress any traumatism showing signs of sepsis, and as a wash in abdominal and pelvic operations into which any organ has discharged septic contents. Phlegmonous swellings, old sores, erysipelas with sloughing phagedena, dissecting or surgical wounds, phlegmasia dolens, dermatitis venenata, and pus cavities should be treated with echinacea or echafolta, both locally and internally. A most remarkable case came under the writer's care in which a high fever with marked adynamia, associated with the development of cellular abscesses and a hemorrhagic diarrhoea, yielded to echinacea and *Rhus aromatica*. Other medicines did but little good until these remedies were brought into use. The abscesses were of a non-active variety, somewhat painful, but not excessively so; they numbered about ten or twelve at any given time in various parts of the body. The alvine discharges were passed involuntarily, except when kept under control by the fragrant sumach. The boy, whose age was but four years, lingered in this condition for over two months. Echinacea surely kept the child alive, for whenever the dose, which was ten drops every three hours, was lessened, the symptoms were greatly exaggerated. In spite of his low condition and the very unsanitary surroundings, recovery took place rapidly, as soon as the active symptoms subsided.

Echinacea is highly endorsed as a topical dressing for malignant carbuncle. Painful mammitis has been very successfully treated with it, and, used as an injection, it relieves the pain and inflammation in gonorrhoea. Several physicians have used it in syphilis, and declare it a good remedy for that disease, but this seems like claiming too much. It is, however, like thuja, efficient in allaying the pain

and healing the ulcers, particularly of the mouth, throat, and tongue, affecting syphilitica. Dr. Snyder extols echinacea as an efficient remedy for impotence. It acts admirably in purulent salpingitis, contributing toward a cure and allaying the distressing pain. Evidence is abundant, concerning its value in leucorrhoea, with offensive discharges; and Webster reports it as valuable in erythematous or erysipelalous vulvitis, being especially effective in that form affecting strumous children.

Echinacea is a remedy for eczema. It is adapted to chronic cases with sticky or glutinous exudations associated with asthenia and general depravity. Liberal doses should be administered for a prolonged period. A striking malady which had been diagnosed as psoriasis, resulting from vaccination, came under the care of Prof. Ellingwood, of Chicago. A shedding of the hair and a diffuse skin disease, with loss of the nails and thick skin from the palms and soles ensued, followed by a destructive iritis of the left eye and corneal ulcer of the right eye. Prospects were fair for a fatal termination. Perfect recovery, with the exception of the loss of the left eye, followed the use of liberal doses of echinacea, together with syrup of iodide of iron and phospho-albumen.

Dropsy after scarlatina is said to have been cured by echafolta. As this condition usually tends to a spontaneous cure it is difficult to determine how much any remedy contributes to such a result. Likewise echinacea has been recommended to prevent (!) hydrophobia. How one can prevent a result of this kind from a dog bite, and especially as the very existence of that so-called disease is denied by many, is not clear. Like many other new remedies echinacea has been reported curative in small-pox. It appears to have mitigated many of the severer symptoms of tubercular phthisis, and renders expectoration easier in "stone-cutter's" or "grinder's" consumption. It would be no great surprise if this remedy should prove effective in impressing a tubercular diathesis, thereby preventing a termination in consumption.

Administration.—The dose of either specific echinacea or echafolta ranges from one to five drops; larger doses may be employed, but these doses are generally most efficient if frequently repeated. They may be given in water or syrup, or water and glycerin, as:

R.—Echafolta, fl 3 j. to fl 3 ij.; Water, q. s. fl 3 iv. Mix. Sig.—Teaspoonful every half or one hour in acute cases; every three or four hours in chronic affections.

If these preparations are to be dispensed in hot weather, or are to be used in fermentative gastro-intestinal disorders, the substitution of one ounce of glycerin for one fluid ounce of the water is advisable. For external use both preparations may be employed, though in point of cleanliness echafolta is to be preferred. Solutions of from one to sixty per cent. strength may be applied by means of a saturated compress every two hours, or oftener, if necessity demands.

Specific Indications and Uses.—To correct fluid depravation, “bad blood,” tendency to sepsis and malignancy, as in gangrene, sloughing and phagedenic ulcerations, carbuncles, boils, and various forms of septicæmia; foul discharges with weakness and emaciation; deepened, bluish or purplish coloration of skin or mucous membranes, with a low form of inflammation; dirty brownish tongue; jet black tongue; tendency to the formation of multiple cellular abscesses of semi-active character, with marked asthenia.

Of especial importance in typhoid, septicæmic and other adynamic fevers, and in malignant carbuncle, pulmonary gangrene, cerebro-spinal meningitis and pyosalpinx. Echafolta is advised as a cleansing wash in surgical operations to annul the pain and to deodorize carcinomata.

CASES IN PRACTICE.

By J. C. Kilgour, M. D., Harrison, O.

CASE 1.—A young married man 24 years old, who had been for a few days much exposed to cold and damp, began to complain one morning of soreness all over the abdomen, with tenderness on slight pressure, and in a few hours the pain had grown quite severe, and even a jar of the floor or bed made it much worse. There was more tenderness in the right side and over the vermiform appendix than elsewhere, but there was a great deal all over the abdomen.

I was called in the night, and found him as above described, and groaning and restless. Gave him morphia hypodermically, with aconite for his fever, which at that time (11 P. M.) was 103°, and at 8 A. M. next day found the pain and tenderness disturbing him again, after having rested a few hours. I repeated the hypodermic and continued the aconite after adding bryonia, as every movement gave more pain. As the pulse was full and hard in the evening, veratrum was substituted for aconite, with hot packs over the abdomen.

Three days of this treatment found him no better, and I then put him on belladonna and rhus tox. The hypodermics had been indispensable up to this time, and the temperature, which had gone down to 101° under veratrum, had begun to rise again. But the belladonna and rhus treatment was begun at 8 A. M., and the pain promptly began to subside, and by noon the temperature had dropped to 99°, and tenderness much less. At 7 P. M. temperature normal, and the attack of peritonitis was over, and the patient discharged next day, with instructions to remain in the house two days longer.

The above is the second case in which I have used this treatment successfully, the first being the case of a young girl where the greatest pain and tenderness were over the region of the appendix.

I believe the belladonna is the curative remedy, which is materially aided by the action of rhus in quieting that restless and tossing about condition; and that it cures by its action on the engorged capillaries,

which is the first stage of inflammation, but follows it up into the later stage of severe pain and high temperature which is the result of such conditions, and that it does so by direct stimulation to the coats of these vessels, restoring tone to them, and bringing back their normal action.

CASE 2.—A child 15 months old had been suffering several days before I was called, from a shiny mucous diarrhea, attended by much pain in the bowels, and vomiting everything it ate or drank. It moaned continually in a manner that was distressing to hear, and did not sleep. I mixed two drachms of specific passiflora in half a glass of sweetened water, and gave a teaspoonful every half hour. By the third dose the child was asleep, and on awakening a few hours later, there was no more vomiting or any pain or diarrhea, and the medicine was continued at intervals of two hours for another day, when the case was discharged.

In this case the remedy was curative by its direct action on the terminal nerve fibers in the bowels, as well as its stimulant effect on the sympathetic nervous system, thereby relieving the condition of atony upon which the pain and sleeplessness so much depended. A pathological stimulant becomes a direct sedative to the diseased tissue for which it has a special affinity, where a *general* sedative would have no effect. And the closer we study pathology and drug affinity, the more easily will we cure our cases. A drug having an affinity for any kind of tissue acts on that primarily as a stimulant, and enables it to throw off the morbid influence and regain the normal action which has been perverted, for disease is perverted function; and in whatever organ or part we find such perversion, we find that the remedy having the special affinity for the affected tissue acts as a direct sedative and curative, and the so-called sedative action of any remedy is but a stimulant effect; and as all pain is caused by interrupted or perverted function, we need the elective stimulant of this particular tissue to restore normal action in the diseased part or organ, as the mechanic searches out that part of his machinery which is hot and dry, and by its imperfect action is disturbing the harmonious action of the whole.

THE ABUSE OF QUININE.

By A. M. Stein, M. D., Palatka, Fla.

QUININE is a drug which, given in large or small doses, produces a great deal of misery and suffering. Some of the various affections produced by quinine are blindness, deafness, affections of the heart; in some few cases it has produced insanity. Quinine should never be given in large doses, and should not be given without preparation being made for it. It has been given recklessly in malarial affections, and it has been claimed cured those disorders, which I very much doubt, as in malarial diseases the liver becomes inflamed, and its action is interfered with. Now if you give a large dose of qui-

nine you increase the inflammation, and the patient becomes worse, and you may drive the inflammation from the liver to the brain, and thus produce congestion of the brain, and in a short time you furnish a subject for some good minister to dilate, in his usual way, upon the mysterious ways of Providence, which ought to be laid to the dumbness of the physician attending the case.

When I moved to Florida, eight years ago, I was told by several physicians that I could never successfully cure fevers without plenty of quinine. In all of the eight years I do not think that I have used eight ounces of the drug, and I have been very successful in the treatment of fevers. I have had one advantage over the other physicians in the use of the drug, and that is that I use it for its specific action, and in all my malarial cases where I find a soft and open pulse, moist skin, and a moist and cleaning tongue, I give quinine. I believe that this was the rule taught by the late Prof. Scudder.

Quinine is not specific in all agues. We frequently meet with ague where, in my opinion, it does a great deal of harm, and often produces quinine disease. I have lately encountered some cases of ague that seemed to give the specific indications for quinine, and after failing with that drug I have been more than pleased with specific *Boletus L.* given in five drop doses on sugar every three hours.

ONLY A DREAM.

By E. E. Bechtel, M. D., Monroeville, O.

"Nebuchadnezzar dreamed dreams, wherewith his spirit was troubled, and his sleep brake from him."—(Dan. 2, 1.)

"Do you believe in dreams? Why yes, and no. When they come true, then I believe in them: when they come false, then I don't believe in them."—(Longfellow.)

I dreamed not of the living, but of the dying and the dead,
 And as the spell came o'er me, as on through dreamland I sped,
 I paused amidst the tombs of buried fancies, grim and gray—
 Some which bore the marks of time, yet some of recent day.
 Most holy spot! What thoughts, what memories arise!
 Methods once revered, theories lauded to the skies,
 Lie buried here, and smouldering in the dust,
 With such as superstition wrought, and the lancet turned to rust.
 Brown-Sequard's famed elixir, Koch's visionary plan,
 With many other vagaries said to prolong the life of man.
 And then, while o'er that sacred spot a solemn stillness reigned,
 A doleful sound from a distant ivy-mantled tower proclaimed
 Another acquisition to that silent, silent city of the dead.
 All reverence I lingered near, with moistened eye and bowed head,
 Awaiting the approaching cortege as it came with mournful tread.
 And there upon the bier, carved in letters plain to see,
 Was ANTITOXINES, born in lands beyond the sea.
 That word, above all other things, how oft a text!
 And as in dreamy flight I wandered on I could but say, *What next?*

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

ANTERIOR STAPHYLOMA.

The least permanent injury that can result from corneal ulceration is a slight haziness or steaminess of the cornea. This is termed *nebula*. This, if central, is often the cause of reduced vision, and when such a case presents without any apparent reason for the defect in sight, the cornea must be carefully inspected.

Leucoma is a more unfortunate result, being a non transparent gray patch in the location of the previous ulcer. Located anywhere in the cornea, it is unsightly, but located centrally, it destroys the vision almost entirely.

Perforation of the cornea is the climax of misfortune from ulceration, in which case the aqueous escapes, the iris falls into the wound, and the lens becomes cataractous.

MICRO-PHOTOGRAPH OF A SECTION OF AN EYE CONTAINING ANTERIOR STAPHYLOMA.

Panophthalmitis, due to septic infection and a purulent irido-choroiditis may follow the perforation.

Anterior staphyloma is an ulterior result of perforation of the cornea, in which the iris engages, and in which case healing takes place,

and the humors of the eye are restored. In such cases all irritation may subside, and there may be some vision.

Staphyloma signifies bulging; anterior staphyloma, then, is bulging of the cornea. This condition comes on gradually, and may result months or years after the repair of the corneal perforation. The pathology and formation of the staphyloma are very simple. The cicatrix of the perforation consists of some fibrous tissue, the attached iris, and a good deal of lymph. The scar tissue in time is unable to withstand the intra-ocular pressure, and gradually gives way, thinning and pushing outwards. Under recurring inflammatory attacks, this becomes thinner, and bulges further, in many cases extending through the palpebral aperture, and preventing closure of the lids.

It is now most unsightly and a constant source of irritation; being unprotected by the lids, it is exposed to all dust and flying particles, as well as to more or less dryness.

The staphyloma is sometimes excised under extreme antiseptic precautions, resulting in an atrophied stump, but more frequently the globe is in such an irritated state that the best course is enucleation, for safety to its fellow.

ABSCESS OF THE ANTRUM.

Abscess of the antrum of Highmore, while not of every-day occurrence, is of sufficient frequency to warrant a word on this subject. As a rule, active inflammation of the membrane lining the antrum is dependent upon an acute rhinitis. Fever, local pain, and pressure, might now be so great as to demand immediate interference, but as a rule, a chronic suppuration ensues. The discharge of purulent material now fills the nostril of the diseased side, and is very offensive. Diagnosis is made by cleansing away the pus, and then noticing its rapid appearance above and about the middle of the inferior turbinated bone.

Some authors in operating recommend opening into the antrum from the middle meatus, working outwards and downwards; others chiseling through the alveolar process above the first molar tooth; and still another extracting either the second bicuspid or the first molar tooth, and then pushing a trocar upwards into the antrum. Unless the operator be very familiar with the anatomy of the parts, the latter method is to be recommended—in fact it has many advantages.

There is an antral burr, made to fit a dental engine, which is a most convenient tool for boring through the socket into the antrum.

The after treatment is cleanliness and local medication by means of syringing. Almost any voluminous syringe will do, having a tip to suit the opening. Flushing first with an alkaline solution, borax or bicarbonate soda, to remove the secretions of pus, followed by peroxide of hydrogen. The antrum is now as clean as possible, when the medication takes place by syringing with hydrastis diluted, contain-

ing a small quantity of sulphate of zinc. In any case, a cure is not easy, and if necrosis is present it is almost impossible.

MORE MILD TREATMENT OF THE CONJUNCTIVA.—Dr. E. W. Ames, in the November number of the *Ophthalmic Record*, says that he believes that many of the lingering cases of chronic conjunctivitis, trachoma, and other inflammatory conditions of the conjunctiva, are prolonged by the irritating effect of some of the astringent solutions that are recommended by many authorities and commonly employed, and he enters a plea for the use of milder treatment to take the place of these irritating remedies. While he has had good results from the solutions of zinc, copper sulphate and silver nitrate, together with certain of the antiseptics, he believes that more frequently they are used in too strong solution, and that the tissues, instead of lessening in inflammation, are aggravated through the prolonged irritation that is produced. He reports exceptional results in cases of chronic conjunctivitis and trachoma from the use of a solution containing boric acid, tannin, glycerin, and water, the latter two ingredients being in equal parts, with ten per cent. of tannin and one per cent. of boric acid. A twenty per cent. solution of tannin is frequently painted upon the lids with excellent results. Corneal complications are no contra-indication to the use of these solutions, and they may be given the patient for frequent instillation at home.

A WORD AGAINST BORACIC ACID POWDER.—The indiscriminate insufflation of powdered boracic acid into the ear for acute or chronic suppuration of the middle ear, can not be too strongly condemned. A thin layer properly insufflated with a scientifically constructed powder blower, can do no harm, but pouring and shoveling it into the auditory canal in any way so as to completely fill and pack it, can only be followed by deleterious results. It is such an easy way of stopping (apparently at least) a discharge from the ear quickly, that the evil consequences are entirely lost sight of. The damming back of the matter behind an almost impermeable crust of boracic acid powder that is formed, lures both the patient and the physician into the sometimes fatal error that the inflammatory condition and suppuration have ceased, when in truth they have gone on more than ever, at times even involving other more deeply situated parts of the ear. Taking into consideration these facts, general practitioners should certainly be more careful and discriminating in the use of the remedy.—*Clinical Chronicle*.

EARACHE—ITS IMPORTANCE.—Hinkel (*Buffalo Med. Jour.*) summarizes a good article in the following valuable points:

1. Earache, however slight, may signify disease that, neglected, may terminate in loss of hearing, even of life itself.

2. Recurring earache in children is almost always associated with lymphoid hypertrophy of the pharynx, depends on it, and permanent impairment of the function of the ear is prevented only by early surgical treatment of the "adenoids."

3. Acute inflammation of the middle ear may be frequently aborted if proper treatment—mostly of a general sedative character—be administered early and with precision.

1. If relief be not obtained by the second day, an expert examination of the ear should be made, and proper surgical treatment applied to relieve intratympanic pressure and possible involvement of the mastoid cells or intracranial structures. Failure at this stage to obtain as exact knowledge as possible of the condition of the middle ear is criminal neglect.

CHRONIC COCAINISM FROM CATARRH SNUFF —A woman was received recently at a Montreal Hospital with the trembling hands, staggering gait, insomnia, dyspepsia, loss of appetite, etc., of alcoholism, also visual hallucinations, dilatation of the pupils, mental dullness, and pronounced moral depravity. She had always been a person of quiet, modest tastes, and her husband asserted that she never took liquor. Asked whether she took any drug, he went home to investigate, and returned with a bottle of Agnew's Catarrh powder, a patent remedy which she had been using as a snuff for four or five months, consuming three bottles a week. The bottle held 80 grains, and contained 1.75 per cent. cocaine. The therapeutic dose is $\frac{1}{4}$ to 1 grain.—*Jour. Amer. Med. Association.*

GOITER CURED BY INTERNAL MEDICATION. —A woman about forty years old had a goiter of long standing. She had been treated in Germany by Prof. Lossen, by means of injections of alcohol, but the tumor did not completely disappear; it even increased in size at intervals. The author treated it by idiothyrene for two months, and the goiter disappeared almost entirely.—*Annals of Oph.*

Dr. J. Pratt, in the November number of *The Laryngoscope*, states that he has found that an application of an eight-per-cent. solution of silver nitrate to the stump of an amputated tonsil, creates an eschar, which removes all soreness, chances of infection, stops bleeding, and makes the patient happy.

REMOVAL OF FOREIGN BODIES FROM THE EAR.—Hummel makes the following deductions respecting the relations sustained by the external auditory canal to foreign bodies in it, and gives some rules for the removal of such obstructions from the ear:

1. The relation of the normal ear-canal to inanimate foreign bodies is entirely without re-action; *i. e.*, the foreign body in the ear does

not, *per se*, endanger the integrity of the ear.

2. Every hasty endeavor at removal, therefore, is not only unnecessary, but can become very injurious.

3. In all cases not previously interfered with (with very few exceptions), the foreign substance can be removed from the ear by means of syringing.

4. The general practitioner should never employ anything but the syringe, in his endeavors at removal of foreign bodies from the external auditory canal.

5. An instrumental removal of a foreign body from the ear should be effected only by one fully able to examine the ear with an otoscope, and acquainted with every operative manipulation in this region.—
Munchener Med. Wochenschrift. [W. N. M.]

PERISCOPE.

THE NECESSITY OF USING PURE DRUGS.

It would seem almost unnecessary to call attention in this journal to the necessity for the physician who prescribes his own medicines, or who permits the pharmacist to dispense them for him, to use the purest and best medicinal agents which the drug market can possibly afford; yet we have recently come in contact with a number of instances where physicians or pharmacists, with a false idea of economy and business foresight, purposely purchased low-grade crude drugs or medicinal preparations, thinking that thereby they would be pecuniary if not moral gainers. To us such an attempt seems to be a manifestation of the most short-sighted policy. The physician's reputation depends very largely, if not entirely, upon the success which he has in the treatment of the patients who come to him for his skill, and in many instances this skill in diagnosis and therapeutics is entirely counteracted by an impure or worthless drug. The great majority of surgeons—whose results are perhaps more manifest to the eye of the patients and their friends than are the results obtained directly by the physician—always see to it that the instruments which they employ are made of faultless steel, that they are neither too sharp nor too dull, and that the dressings are adapted to the purpose of aiding most effectually in the rapid healing of the wound.

Perhaps the short sighted policy to which we have referred, is most common among persons in country districts who, for the sake of saving a very few cents on large orders of medicinal preparations, frequently obtain drugs which are not entirely reliable. In one particular instance, which has recently come to our knowledge, a large firm of wholesale druggists found that they had a line of drugs which they did not consider perfectly reliable, and which they sold to another wholesale house, who immediately advertised them at low prices to

the greater part of the medical profession in country districts, and, we regret to say, found a rapid sale for drugs which the first house had not been willing to sell to physicians or retail druggists, lest their reputation be tarnished.

The use of such preparations by the physician can be summarized in a few words: Poor drugs bring poor results; poor results bring a poor reputation; and a poor reputation brings little money.—*Therapeutic Gazette*, Jan. 15, 1897.

[This object lesson is one that our Eclectic brethren have seen these many years. Knowing too well that poor medicines were flooding the drug market, we have insisted on the use of reliable medicines. Knowing also that cheap medicines are necessarily poor medicines, we have bitterly opposed the cheap medicine craze. Our position as a school, our life as a branch of the medical profession, depend on our success in disease treatment. Our success as practitioners depends on the reliability of our medicines, and this brings us back to the starting point. The question of who got the poor drugs mentioned in the paper we reproduce probably does not concern eclectics, for we have learned to use medicines established in reputation by long usage, and we purchase them in the original containers, to avoid imposition. But it does concern others, and this question probably many poor patients have cause (were they aware of the fact) to regret that their doctor, in mistaken economy, favors medicines that are cheap.

And yet, so-called cheap medicines are frauds in more than one way. They are frauds because they are impositions in quality, and they are frauds because they are not what they purport to be, for they are not cheap. The most expensive medicine made is that in which a large bottle is sold for little money. The diluent costs something, and the extra-sized bottle costs a fraction more than the smaller bottle. The prostituting of a preparation by either the use of a poor drug or the dilution of a good preparation with water or alcohol, does not make a cheap medicine, but a medical fraud. It creates an imposter. Such "cheap" medicines are to the profession like a blade of pewter would be in the hand of a surgeon confronted with a critical operation. We agree with the *Therapeutic Gazette* concerning the necessity of using pure drugs.—EDITOR.]

THE OFFICE HOUR.

A shrewd, capable, and eminently successful physician once said that his success was largely due to a motto: "Take care of your office hour, and your office hour will take care of you." When the large amount of waste time in the average physician's routine, the hour's drive and the ten-minute call, is considered, one can readily appreciate the business importance of so regulating work as to reduce this waste to a minimum. Men have long ago learned that in commercial matters the only people worth dealing with are those whose business

goes to them. The peddler or agent who comes to our house is, on the whole, an inconvenience, and his wares or his investments are proverbially defective or expensive. There are many patients physically unable to leave their homes; these must be visited without regard to preference or waste of time in transit. But when patients, physically able to go to the doctor's office, and perhaps even needing exercise, prefer to summon him to their homes, something is wrong.

If one intends to build up an office practice, he must perform his part of the implied contract and be on hand to keep his appointment, even if temporary advantage is promised from breaking it. Manifestly, however, a really urgent case must take precedence of one that will suffer only inconvenience from not finding the physician.

The office should be cheerful and wholesome. There should be a happy mean between the appearance, that of being a smoking-room and "den" for the physician, or a play-room for his children, and the worse extreme of emphasizing the horrors of operation and the unpleasant details of anatomy.—*Med. and Surg. Reporter.*

SOME POINTS IN THE EXAMINATION FOR LIFE INSURANCE.

Medical examinations for life insurance have become a profitable and important part of scientific work for the physician. The position of medical examiner is a responsible one, and any physician who is intrusted with so important a work should give his best thought and time.

Every examination involves hundreds and, maybe, thousands of dollars; few bank cashiers are intrusted with a greater responsibility. With such confidence imposed in one's honor and fidelity each examiner should strive to retain, by exercising and adding to his knowledge, everything that will broaden his views with reference to safe and insurable risks.

There is no branch of medical or clinical practice that draws our tact out so much in the study of human nature as the different ones who appear for an examination for life insurance. As a rule, an applicant will in some way disguise himself so as to make as clean and healthy an examination as possible—it is in these cases that an examiner should understand human nature, and exercise all possible care in drawing out the facts in each case. At the first the physique and general appearance should be noted. Are the eyes bright; is the complexion a healthy one; is there any puffiness under the eyes or on backs of hands; or swelling of feet or ankles; is there any lameness in walking.

In making a physical examination of the lungs and heart the outer shirt should be removed, for, if it contains starch, on a deep inspiration it produces a cracking sound simulating crepitant or sub-crepitant rales. Inspection should be made of the chest with reference to fullness of intercostal spaces, and undue prominence of chest or

contraction or depression under the clavicle—any of these may be significant of an old pleurisy, emphysema, phthisis and pericarditis. Auscultation, as a rule, should be made with the ear applied to the chest walls with a thin covering, as a towel. The examination should cover supra and infra-clavicular region, supra and infra-axillary region, and posterior over inter and intrascapular region. Inspection is of importance in examination of the heart; from it we determine the apex beat, force of beat, or change of beat. Palpitation is of great importance; by it we determine the force of the cardiac pulsation, the frequency or slowness of the heart's action and the irregularity of its movements. In auscultation we place the ear over the different valves of the heart and listen to the heart sounds while applicant is holding his breath, then direct him to breathe naturally, and finally tell him to take a few forced inspirations. By this method, if there be a murmur, it can be easily detected; in cases of doubt the stethoscope may be used. The examination of the pulse is of great importance, and should be taken two or three times during an examination, and at each time for a minute. The following conditions should be noted:

Frequency of beats in a given time, regularity, intermittence, strength and force of the beats, is it compressible, or is it small and thready? With a pulse of high arterial tension the vessels are contracted, and the blood escapes with difficulty from the arteries into the veins; the artery is cord-like, and can be traced in its course up the fore-arm. This condition is often found in Bright's disease, in gout, affections of the nervous system, and in degeneration of vessels.

In arterial degeneration the vessel loses its elasticity, its lumen is diminished, and it becomes hard and rigid, or "pipe-stem artery." This is a very significant condition, being evidence of senile decay of the arteries. Many persons are constitutionally much older than their years will warrant—they are, in fact, prematurely old; while, on the other hand, many old people show few signs of old age.

It might be well to mention cases of alleged syphilis, for I have seen injustice done to the applicant in a great many cases. As a rule, applicants know nothing of the constitutional symptoms of syphilis, and if they have had a chancre, and have fallen into the hands of a charlatan, he, of course, has syphilis, and goes on record as such, when, in fact, in many instances he has had a chancroid, and not the infecting chancre. In these cases examination of the cervical glands should be made, and an inquiry into the constitutional symptoms—e. g.: eruption, sore throat and fever. In many of these cases inquiry will reveal that applicant had none of the symptoms mentioned, and that the physician burned the chancroid and it got well.

Lastly, the examination of the urine should receive our attention. It is embarrassing to say that, as a rule, examiners do not seem to realize the importance of making a careful analysis of the urine.

Examiners should become familiar with a few of the most trustworthy tests, and be capable of making a microscopical examination. In many instances the urine is the index that points to lesions that are just beginning. The centrifuge is as necessary for daily use as the standard solutions for chemical test; it can be used for quantitative estimation, and in sedimentation for microscopical examination. My experience has taught me that the specific gravity cannot be relied upon, and I have known of many who rely upon the specific gravity and make no further analysis of the urine, taking it for granted that 1,020 meant normal urine, when, in fact, albumin and sugar may be present with a specific gravity at 1,020. Normal urine may range in specific gravity from 1,000 to 1,030; the food eaten, exercise and the amount of water imbibed—all will change the specific gravity of the urine without altering in the least the healthy condition of the kidneys.

The examiner should, at least, become familiar with two tests for albumen and two for sugar. The tests that I use, and the ones I consider the simplest and the most delicate in re-action, are:

For albumen, a 10 per cent. solution of potassium ferrocyanide, and Heller's nitric acid test.

For sugar, I prefer one devised by Prof. Wesener, of Chicago, consisting of cuprum sulphate, two drachms; stick potash, six drachms; glycerine, one ounce; pure water, enough to make eight ounces. Also one devised by Prof. Haines, of Chicago, prepared as follows:

Cuprum sulphate, thirty grains; pure water, one-half ounce; glycerine, one-half ounce; liquor potassa, five ounces. Either one of these solutions will keep, and is very delicate in re-action.

In examining the urine one should know, without any doubt, that the urine was voided by the applicant a few hours after breakfast, and the urine should be allowed to cool before being tested. A careful observation should be made of its appearance and physical character—if the color be very light, it suggests a diminished specific gravity; if the color be of a greenish tint, it suggests the presence of sugar; if of a reddish tint, urates or blood is inferred. If the urine is cloudy, add a few drops of acetic acid; and if it becomes clear, the earthy phosphates were the cause of the opacity. If the opacity of the urine fails to yield to the action of the acid, warm the upper layers of the urine by holding the test tube over a spirit flame; and if it now clears up, the opacity was due to urates. If, however, the urine still remains cloudy, it is due to the presence of pus, bacteria, or cellular elements, and requires a microscopical examination for diagnostic purposes. If the re-action of the urine is found to be sharply acid, as indicated by turning blue litmus red, the possibility of sugar is suggested. If the red litmus paper turns blue, the urine is alkaline; it is of importance to know the cause of the alkalinity to determine if there be a bladder trouble or alkalinity of the blood. These conditions can be solved by slowly drying the litmus paper, and if the blue color disappears, and if it returns to its original color, red, ammonia is present, or volatile

alkali, and suggests chronic inflammation of bladder or urinary tract. If, on the other hand, the blue color remains after drying, the urine is alkaline from fixed alkali and may not mean other than fasting, or the absence of a meat diet. This condition I have seen many times during warm weather, when a minimum amount of meat was used in the diet, but when beef was ordered the urine would become naturally acid.

If albumin appears in large quantity, any of the ordinary tests for albumin will make it apparent; but if a small quantity is present, the test that will make it apparent is the one to use. For this reason I prefer a 10 per cent. solution of potassium ferrocyanide. Fill a test tube half full of urine, then add ten or fifteen drops of acetic acid, then add twenty or thirty drops of the ferricyanide solution—if albumin is present a milky color will appear and spread through all of the urine; by shaking the test-tube a few times the white color will appear more quickly. This test will only detect serum albumin, and is not a source of error, as are other tests for albumin. Heller's nitric acid test is familiar to all; suffice it to say that this test is liable to be a source of error, as it will give the albuminous re-action with other substances than serum albumin.

In testing for sugar I prefer the test devised by Prof. Wesener, the formula of which is given above. The use of this test is simple; in a test-tube heat over a spirit flame to boiling point equal parts of urine and the test solution—if sugar is present, the urine is changed to a brick-dust color; this test is delicate, and will keep well.

The test of Prof. Haines is also a reliable one. Place one drachm of the test solution in a test tube, raise to the boiling point, then add four or five drops of the urine, continue the boiling and keep adding drop by drop until a change takes place to a brick-dust color, continue the adding of the urine until ten drops are added, then cease. Sometimes the reaction will take place when only a few drops are added; or it may not change until the ten drops are added, and if not then, sugar is not present.

In all cases where albumen is found a test for urea should follow. By testing for urea we are then able to judge the real condition of the kidneys while albumin may not mean anything if the urea is normal in amount. In testing for urea fill Doremus' ureometer with a 50 per cent. strength of caustic potash, add one c. c. of bromide and mix, incline tube so that the solution fills it perfectly, then add one c. c. of the urine to the solution. The urea will be decomposed to nitrogen, then read off per cent. from above downward. The normal amount of urea passed by a man weighing 150 pounds, with a moderate diet and exercise, is ten to twelve grains per ounce. If below seven grains per ounce there is reason to suspect organic disease of the kidneys.—*L. P. Waldridge, M. D., in Medical Examiner.*

PRACTICAL ASEPSIS AND ANTISEPSIS IN OBSTETRICS.

Richard Braun and Hubl in the *Archiv für Gynäkologie*) contribute a long and interesting paper, giving the methods employed in the obstetric clinic of Gustav Braun, at Vienna. While a portion of this paper is purely critical and argumentative, it contains a statement of practical methods and results which is of interest.

In measuring the temperature of the patient, the writers prefer to use the thermometer in the axilla, and they give many good reasons for not measuring temperature in the rectum. They rely, in all cases, upon thoroughly cleansing the external genitals with a one per-cent. lysol solution, which is applied by douching, and not by rubbing with cotton. A sterile pad of cotton is then placed over the vulva. In judging of the condition of a puerperal patient, they consider the pulse-rate of great importance, and especially the relation between the pulse and temperature. Those who deliver patients are obliged to clean the hands thoroughly with soap and brush in hot water for three minutes, then cleaning the nails, and again brushing the hands with soap and water two minutes longer. While still wet, the hands are brushed vigorously in an alcoholic solution of bichloride for three minutes, eight minutes in all being occupied in this process. Patients are delivered lying upon the left side, the hands of the operator being repeatedly immersed in a bichloride solution contained in a basin at the bedside. The perineum is covered with a sterile towel during delivery.

The sanitary surroundings of the clinic are not the best; there is deficient air-space, the building is very old and inconvenient, and there is a lack of many of the modern facilities for securing good hospital hygiene. In view of these facts and the large number of cases treated, the authorities of the clinic do not feel justified in relying simply upon asepsis, but follow also strictly antiseptic precautions.

During the year 1895, 2956 labors occurred in the clinic, and in classifying these the minor obstetrical proceedings, such as rupturing the membranes, pressing the head into the pelvis, replacing a prolapsed foetal part, and removing retained membranes, are reckoned among normal births. In the same category is a case in which vaginal fixation of the uterus had been performed, and also the case of a girl, aged fourteen years and a month, delivered of a good-sized child by spontaneous labor. The material of the clinic was very thoroughly classified and tabulated. From these tables practical deductions may be drawn. In but six cases was version made to secure a better delivery through contracted pelvis. Such version is especially avoided in primipara, while in multipara it is most successful in cases of flat pelvis. It naturally follows that the forceps are used not infrequently at the brim of the pelvis. The ground is taken that it is practically impossible before active labor sets in to give a prognosis as to the possibility of spontaneous delivery. In contracted pelves the obstet-

rician should always await the trial of labor with the head presenting, remembering that craniotomy upon the after-coming head is more difficult than when the head presents. The fatality of rupture of the uterus is well illustrated in the fact that four cases were admitted requiring abdominal section, and each of the patients succumbed. In face and brow presentations the majority terminated spontaneously, and it was remarkable that but little injury to the perineum and pelvic floor happened in the labors.

As regards the care of puerperal patients, vaginal douches of one-per-cent. lysol were given if the lochia become foul, and ergot was also administered. Where the perineum had been sutured and did not unite, the stitches were removed, and the surfaces painted with tincture of iodine. Portions of membrane and placenta retained in the uterus were delivered by forceps when they began to emerge through the cervix.

Septic mortality and morbidity were much greater from cases examined outside the hospital before admission. The percentage of septic mortality was 6.100 of 1 per cent. in cases treated in the clinic, while in cases delivered outside the clinic the mortality rate from sepsis rose to 56.100 of 1 per cent.

[It is interesting to observe, in this large clinic, the success of the simple essentials of antiseptics. First, the strict avoidance of all unnecessary manipulation within the vagina; second, cleansing of the external parts by douching rather than by scrubbing; third, the use of a simple but sterile occlusion dressing; and fourth, the careful antisepticising of the hands. In this process we note that the hands are carefully scrubbed free from soap, and when wet are scrubbed in bichloride and alcohol. These methods, which gave such good results in a large clinic in which midwives are trained, can be perfectly applied in obstetric hospitals and with private patients.—Ed.]—*Amer. Jour. Med. Sciences.*

W. N. M.

HYPEREMESIA GRAVIDARUM.

At the Montreal meeting of the British Medical Association, a discussion of this subject elicited much of interest (*British Medical Journal*). Among others, Giles, of London, had analyzed 300 cases in the London Lying-in Hospital, to determine the cause of the ordinary vomiting of pregnancy. He found in 33 per cent. of cases there was no vomiting at all. In 50 per cent. of cases there was no vomiting during the first three months of pregnancy. Among primipara there was a close and constant relation between vomiting of pregnancy and previous dysmenorrhoea. Vomiting during the latter months was frequently associated with amniotic dropsy, twins, or an unusually large child.

As regards the treatment the bromides were considered of value, administered by the rectum or by the mouth. Dilatation of the cer-

vix, either by the finger, by packing with gauze, or by dilators, has proven valuable. All those who discussed the question agreed that delay was too often practiced in emptying the uterus, and that no hesitation should be felt in resorting to this procedure, so soon as other treatment was not promptly effective.

[As illustrating the fact that causes which produce dysmenorrhœa, may bring about pernicious vomiting, we recall three cases of marked ante flexion of the uterus, in which the patients had habitually suffered great distress at menstruation. One of these came to autopsy, when a cyst was found in the cervix; in another premature labor came on, and the cervix could not be dilated without extreme difficulty; while in a third the ante flexion gradually became less, and the pregnancy was uninterrupted.—Ed.]—*Am. Jour. Med. Scien.* W. N. M.

MEDICAL AND SURGICAL ICONOCLASM.

In a spirited article in the *Medical Record*, by Dr. Martin L. Graves, of Waco, Texas, we find the following brave words:

Let not criticism assume a personal form. It matters but little that the value of hydrotherapy has been established by hydropathists as a clique. It matters but little that simpler methods and smaller doses have been the results of homœopathy as a sect. It matters but little that many new and reliable drugs have been introduced by eclecticism as a faction. It matters still less that spiritualism and Christian science as creeds have established hypnotism and suggestive therapeutics. But it matters much that whatsoever doctrine advanced shall be truth; that whatsoever remedy offered shall be good. It matters much that education is getting broader and more catholic; that art demands skill, science commands exactness. It matters much that physicians are learning that they can no longer diagnose a simple urethritis as a virulent gonorrhea, and cure the patient in two days; that the victim of a cough can no longer be called consumptive and cured with a patent consumption cure—when microscopic analysis of the former shows absolutely no gonococci, and laryngeal exploration of the latter shows a polyp easily removed. It matters much that dropsy can no longer be attributed to jaundice; but under the blaze of science reveals its cardiac, renal, hepatic, or abdominal origin. It matters much that typhoid fever can no longer be purged with calomel and tortured with quinine, when proper nourishment and careful nursing will tide the patient through. It matters much that everything is no longer congestion and the stomach no longer a swilltub into which may be poured all the refuse of the pharmacists. It matters much that our doctors are once again learning that water properly applied, the stomach wisely preserved, nutrition supported, and vitality stimulated, will save many a life when polypharmacy will dig many a grave. It matters much that nervous exhaustion is now not always due to overwork and loss of sleep, when we know the patient never worked

three hours a day and sleeps nine out of twenty-four. It matters much that 30 grains of calomel are no longer specific for constipation and torpid liver, and orange blossoms can no longer be applied to the vagina for endometritis. It matters much that poultices are no longer applied to ruptured tubal pregnancies, and that iodine is no longer painted over large pelvic abscesses. It matters much that a little uterine inertia is no longer the occasion for the application of the long forceps and the combined strength of Hercules and Samson to tear a child's head through a safe passage with tremendous velocity, when 30 grains of quinine or 2 ounces of sugar will deliver the babe safely at the end of forty minutes and still leave the mother a cervix, a urethra, and a perineum. It matters much that public sentiment and professional conscience no longer allow every tyro to open bellies indiscriminately in search of ovaries with imaginary inflammation or tumors of doubtful existence.

Then, all hail iconoclasm in its active destruction and its reactionary construction of safe practice and legitimate surgery !

THE TREATMENT OF PNEUMONIA.*

This disease may be very simple to treat, or it may be one of the most difficult in the entire range of the profession. It is generally considered dangerous, and one of the most fatal affections which may happen to the human body. The recommendations in the treatment of inflammations of the lungs comprise a wide and variable list of singularly strange and often contrary remedies. It is the purpose of the paper to indicate the author's process of managing this disease, the result of individual experience based only slightly upon views entertained by other clinicians. It has been the aim to find the essential clinical principles upon which to conduct the best treatment. So many therapeutic propositions are presented that it is a most trying ordeal to know which course to choose. We do know that there often are favorable terminations of pneumonia even when the case is treated by most contradictory methods. That the disease does terminate favorably under diversity of treatment would seem to prove that it is not so much the treatment as it is the recuperative forces of nature that produce the favorable conclusion. Then if the deduction is true that the disease ends favorably under a variety of plans of treatment, does it not establish that the inherent tendency to recover is the principal element of the cure? We all know through many years of clinical experience the difficulty it is to decide between cause and effect: for this reason experiments were begun several years ago looking to some satisfactory treatment of febrile diseases.

The principle which has guided in my experiments in the treatment of pneumonia is that the maintenance of the strength of the patient

* Presented by title at the meeting of the Mississippi Valley Medical Association Louisville, Oct. 5, 1897.

is the first requirement in the successful treatment of an acute disease. Whatever would further prostrate the resources of the system would defer the convalescence. Even though the system be in a condition of fairly good resisting power at the time, the forces are quickly vitiated and impaired, unless the strength is conserved and the vitality augmented. To preserve the resistance of the organism against disease requires an understanding of two simple propositions. First, how to support the embarrassed vitality; and, secondly, the removal of deleterious matter from the body.

Starting with the first symptoms, which are generally rigor and vomiting, how may they successfully be controlled? These symptoms result from the same cause, simply a dual manifestation of disturbed nerve balance. When this disturbance subsides then the symptoms subside. This nervous embarrassment may be due to septic material in the blood or other portions of the system. But these symptoms as such do not require special treatment, dependent as they are upon a general condition of the whole body, hence to cure the symptoms means the cure of that condition which causes them. The treatment is planned with consideration of the whole body and not to any particular symptoms of whatsoever nature. If the treatment is properly directed to the general system the incidental symptoms will take care of themselves. It has been found by actual clinical demonstration that pneumonia may be successfully controlled by a process of treatment very nearly free from the employment of drugs. Practical management is what is required.

It takes a long time and a great many personal experiences in the practice of medicine to determine surely a few points that may be trusted. It seems to me that the first requirement in the treatment of pneumonia should be to maintain the integrity of the lung tissue, and to preserve the delicate structures from the destructive influences of pressure and fever.

When *water* is introduced into the circulation in sufficiently *large* quantities and at regular and suitable intervals, inflammatory processes are checked and injury to delicate tissues greatly lessened. In inflammations of the cellular and mucous structures there is great loss of the fluid element of the blood. Water maintains the volume of the circulating fluid and diminishes the danger of fatal congestion. Besides this, taking the hint from marine life, water supplies a portion of the oxygen necessary to the blood. When the pulmonary apparatus is functionally impaired, whatever will support it necessarily forms one of the best therapeutic measures.

In febrile conditions the limit to the quantity of pure water that may be introduced into the system is very large indeed. In one instance the patient was given during the first twenty-four hours of pneumonia, the enormous quantity of three gallons of water. The beneficial effect was recognized by a complete interruption to the course of the disease and convalescence established within the first forty-eight hours. By

diluting the blood with water to a great degree the fluidity is maintained under all circumstances, which enables the circulation to proceed without interruption throughout the entire capillary system. Whenever the blood is altered in its density, the effect is first felt by the far away small arterioles. A secondary effect is produced upon the lymphatic vessels, which become empty and collapsed. The condition now is most favorable to formation of toxic and waste matter in the intercellular spaces.

It will be seen that in the treatment of this disease, scientifically considered, it is of the first importance to check alterations in the volume of the blood and to prevent thereby capillary congestion. Both these requirements are successfully accomplished by *water* taken into the system through the mouth. If the circulation is normally maintained, there cannot be serious dyspnoea accompanied by consequent pulmonary distress to the patient, and the number of respirations rarely exceed a slight increase above the normal. The next beneficent influence that is produced by large, regularly and properly administered doses of water, is reduction of temperature. Though it has been my observation that if the volume of the blood is kept slightly above normal and the respirations but slightly increased, there is very much less importance to be attached to the fever. Every tumblerful of water that enters the stomach, and before its escape from the body, goes into the circulation and traverses through and through every blood vessel of the entire system. The watered circulation is in a proper chemical attitude to dissolve systemic debris and remove it through the natural eliminating channels. It is true that there are formed during inflammatory diseases some products which cannot be held in solution by pure water. Fortunately, water has the property of holding such matter in suspension until it can be carried to the proper excretory organ. The muscular system, as well as the nervous centers, are saved by hydrotherapy from much of the injury that would otherwise take place. These favorable results have been observed many times during critical inquiry into the processes of inflammatory lung affections. The time when large quantities of pure water may be easily borne and safely used is at the beginning of inflammatory diseases, while the forces of the body are still vigorous.

The use of water by the mouth as a remedy is accompanied with extremely small doses of medicine; the object of the medicine is to meet the expectations of the patient and members of the family. From infancy, the necessity of drugs for the cure of disease is taught to all classes. Therefore, if the doctor would retain his case, it is necessary to recognize the demand of patients and their friends for medicines. While medicine is used by me in practice, it is principally for the value by suggestion. It is better when using hydropathic measures to combine harmless medicines. Courage to treat patients by the method which is herein related is hard to establish with those physicians who depend upon drugs for the cure of pneumonia. Pneumonia cases

treated by hydrotherapeutics are convalescent at the end of the first week. Complete recovery is proportionately rapid.

Irrigation of the bowels constitutes the use of water in its second remedial capacity. The value of the irrigation is placed second in importance.

Bathing the body constitutes a measure of great importance in my estimation. To remove a patient from his bed to a bathroom is in many times and places inconvenient, though a most useful measure. An improvised bath in the bed is frequently used with great success. Sponging the body with water is the most common method. A sprinkle bath has recently been instituted in my practice. A fountain syringe containing water of suitable temperature is hung on the wall, the chandelier or the bedpost, and by reason of a small sprinkler nozzle fitted to the end of the tubing, the patient placed upon a blanket or a rubber sheet is sprinkled, with friction. This is quickly accomplished. There is little discomfort to the patient, and a refreshing influence is the result. Sprinkle baths should be given to the patient every two or three hours during the day.

D. C., aged 44 years, resident of Colorado, merchant, during a recent visit to this city was suddenly prostrated. At noon on the first day intense vomiting was the symptom of alarm. This continued with unremitting violence during the first 24 hours, after which vomiting ceased. The first visit to the patient was ten hours after the attack began. There were severe rigors at intervals during the first afternoon and evening. The temperature was 102, the pulse rate 120, the respiration proportionately increased, but not counted. The following day cough was established, accompanied by much bloody mucus. On the second day continued bloody mucus, more frequent cough, subcrepitant rales over both lungs, and rubbing sounds of the pleura of both sides. Temperature, 105; pulse, 90; respiration, 20; more prostration, some restlessness. Third day, patient cheerful; temperature, 103; pulse, 84; respiration, 20. Fourth day, temperature, 102; pulse 84; respiration, 18. Fifth day, rusty sputa, cough, right lung clearing, considerable dullness under the left arm, but no dyspnoea; temperature, 101; pulse, 84; respiration, 18. Sixth day, rusty sputa, right lung clearer, temperature, 100; pulse, 84; respiration, 16. Seventh day, temperature normal, respiration, 16; pulse, 84; rusty sputa, patient convalescent; fair appetite, quiet, cheerful, sleeps all night. Patient is now in the first week of convalescence and is sitting up. Temperature has remained normal since the seventh day. This case is a type of other experiences with hydrotherapy.

The only medicine administered throughout the course of this treatment consisted of minute doses of morphine dissolved in tumblerfuls of water, which were given him at regular intervals of one hour, during the day and evening. The largest quantity of water administered in any one day was four quarts. The greatest amount of morphine in any one day, one-fourth of a grain. Sprinkle baths were given on an

average of once in three hours to the whole body. Cold water compresses were laid across the chest covered with flannel to protect the bedding. Irrigation of the bowels consisting of three quarts of soapy water were given each day. There was therapeutic fasting for the first three days. After that the food consisted of milk, milk and raw egg, beef juice from fresh meat, fruits and lemonade when he desired it.

It is my belief, based upon actual contact with almost every form of pneumonia during a period of eight years, in which this process of treatment has been developed, that it is the quickest, surest and best management of pneumonia. My experience has taught me that there are exceptions when the treatment will not apply, such as cases where the patients are fractious and the friends meddlesome.—ELMER LEE, M. D., in *New York Med. Times*.

NICOTINE.

Dr. J. W. Seaver cites various authorities giving the effect of this drug upon the nervous and muscular systems, the alimentary tract, glandular activity, and the blood. Dividing a class in college into three groups: (1) non-users of tobacco in any form; (2) those who have used it regularly for at least a year; and (3) the irregular users. He finds that the first group grows in weight 10.4 per cent. more than the second, and 6 per cent. more than the third. In height the first group grows 24 per cent. more than the second, and 11 per cent. more than the third. In girth of chest the first group grows 26.7 per cent. more than the second, and 22 per cent. more than the third. In lung capacity the first group gains 77 per cent. more than the second, and 49.5 per cent. more than the third. Among students of the highest scholarship about five per cent. use tobacco, while of those who do not obtain college appointments, over 60 per cent. use tobacco.—*Quar. Journal of Inebriety*.

W. N. M.

Hydrastis Canadensis in Bronchial Catarrh.

Dr. M. Saenger has found that in the early stages of acute attacks the remedy is useless, but as soon as the expectoration loses its mucous character, and becomes muco-purulent, or purulent, it is of great value. In these cases it markedly diminishes the inclination to cough, lessens the expectoration, renders it less consistent, and aids it to return to its mucous character. The physical signs are also improved after the administration of the drug. The bronchial irritation is more promptly removed than by opium, and with no unpleasant after effects. The modification of the expectoration is at least equal to that produced by other expectorants, and as an anti-catarrhal remedy it is superior. The fluid extract is preferred in from twenty to thirty drop doses four times daily in sweetened water.—*Centralblatt für innere medicin*.

W. N. M.

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THE INJECTION METHOD FOR HERNIA.

In the standard works on surgery there is no reference to the injection method for the radical relief of hernia, or there is only a slight reference to that method. Many cases are being treated in that manner by specialists in the different cities and towns, and their patrons come from all parts of the country, and pay large prices for their cure. The operation is not so difficult nor the treatment so complicated that only a specialist can do it. In fact such a person often knows but little of medicine or surgery.

Hernia, in some stage of its production and in one or another form, is one of the most frequent of surgical diseases. The patient so afflicted consults his physician, and he provides him with a truss. This usually does not cure him, and he wishes to be cured. He is told that this can be accomplished only by a radical operation with the knife, and under an anæsthetic, and he will not consent to have that done. The agent of a specialist hears of him, and proposes to cure him by the simple method of injection, without pain or drugs, and refers him to others so treated and cured. The specialist gets the case and carries off the money.

Is it regular for a physician or surgeon to know nothing of such a method of treatment, and be the loser by such ignorance? Is the plea that there are some or even many relapses after the treatment a sufficient one? There are many cures, and very many are benefited, and there are relapses after the most scientific surgical operations, not to mention their dangers. Is it any more regular to recommend an operative procedure for the radical cure of the hernia, in which an anæsthetic has to be used and more or less cutting and consequent weakening of the abdominal wall done, and say to your patient that, even after all that, it is not certain that he will be radically cured? Is it regular to say to him, the use of the truss is all I can do for you, when the patient urges that he wants a cure, when he first applies to his physician?

The injection method has been long in use, and has accomplished much good, and performed many cures. Its failures are mostly in

improperly selected cases. The preferable cases for good results are recent ones of reducible inguinal hernia, the oblique form being the best. Old cases of large herniæ, indirect or direct, are unfavorable cases, because the rings are so near each other. Irreducible hernia is not to be thought of in this treatment.

The injection fluid used by different persons is not always the same, and the pretense is often made that it is a secret formula. Dr. Heaton became so famous for the successful treatment of hernia by this method, in the Eastern States, Canada, and even in England, that a committee of the American Medical Association was appointed in 1851, to wait on him and see his methods, learn its utility and value. He would not reveal his formula, but published it in his work issued by Dr. Davenport in 1872.

His contention was that an active inflammation which would prevent the wearing of a truss or bandage must not be produced, for the truss must be worn six months or more. His injection fluid was one-half ounce of fluid extract of quercus alba, with 15 grains of the solid extract of the same. To this was added one grain of morphine. The fluids in use at the present day, though differing from Heaton's in some cases, and containing one or the other of the antiseptics, contain the astringent element.

The work is done with a good hypodermic syringe, and requires strong needles, varying in length for different cases. Five to fifteen drops of the liquid are sufficient to be deposited in the tissues. The finger finds the external ring in the usual manner, and is passed upward, outward, and backward, into the inguinal canal as far as the internal ring, the hernia having previously been reduced. The needle is introduced over the finger nail, and the fluid deposited in the tissues. A somewhat conical pad with a spica bandage may be applied over the external ring and canal. Later, or at once, a firm pad of sufficient size should be used with a truss with a lifting power, so as to keep the part well supported for a considerable time.

Before the operation the skin should be thoroughly cleansed, made as nearly as possible aseptic, and the same should be done to the hands of the operator. The instrument should be boiled. No supuration should be allowed. The infiltration of the fluid among the areolar and tendinous structures produces an irritation, effusion, and condensation that glues the parts together into a firm mass. E. F.

CHAMOMILE.

Two varieties of this plant have prominence in medicine—the *anthemis nobilis*, or Roman or English chamomile, and the *matricaria chamomilla*, or German chamomile. The latter is the origin of the famous homeopathic chamomilla, and is, by all, accorded the greater strength. Their similarity of action will enable us to embody them both in one article. The specific medicines of the two drugs differ somewhat. That of *Anthemis* is of a dark brown-yellow color,

and age sometimes causes a slight precipitation ; that of *matricaria* is of a dark green color, wholly unlike the former. Both specific medicines possess the precise odor of the drug from which they are made. The infusion of chamomile flowers is perhaps the most popular preparation of the drug in use, and quite likely possesses all of its virtues.

Under all circumstances chamomile is said to be tonic, due to the bitterness ; antispasmodic and stimulant, owing to a volatile oil ; diaphoretic, emmenagogue, and emetic. We look upon the remedy as having a specific action upon the nervous system and upon the mucous membrane. The second named may depend upon the first. We are positive, however, that it is an excellent remedy in both the child and the adult, in troubles of an emotional nature, as well as in many diseases of a catarrhal nature, due to affected membranes.

The child that should get chamomilla (or *matricaria*, as the specific medicine is called) is extremely restless and irritable ; nothing satisfies it ; it wants to be petted and carried, and cries when its wants, which are legion, are not satisfied. The nervous adults that should have *matricaria* are peevish, "touchy," extremely impatient, and sensitive to pain. They are hyperesthetic ; they are on the border-land of hysteria or hypochondria.

Matricaria is an indicated remedy in many cases of incipient inflammation of the mucous membranes of the body. There are cough and evidences of cold, perhaps alternate flushing and pallor ; shivering, with internal heat or fever, coryza, eyes hot and swollen ; the stomach and bowels are disturbed ; there may be pain, colicky diarrhea, or sour vomiting, etc.

In our daily use of *matricaria*, more from habit than anything else, we prescribe it more frequently in diseases of children than in diseases of adults. We believe it to be, however, as fully effective in one as in the other, when the indications for its administration are present. In debility of the digestive tract of children, and in many of the digestive wrongs incident to dentition, *matricaria* is a most valuable remedy. The child is nervous, fretful, more or less hot, dissatisfied ; it is restless, it twitches, and turns, and cries ; there may be griping, colicky pains due to flatus ; diarrhea is frequently present, and the stools are green and watery, or green and white, and slimy, often green and white and yellow mixed ; the odor is usually foul, and there is frequently excoriation about the anus from the acidity of the discharge. There may be much or little fever, with or without a tendency to spasm. Any other indicated remedy may be given with or in alternation with *matricaria*.

With these symptoms as a guide, we may prescribe *matricaria* with certainty and satisfaction in any of the nervous diseases of children : in dentition, in flatulent colic, and other digestive wrongs. It is a remedy for either constipation or diarrhea. It is a safe and efficient remedy frequently for the many rashes and eruptions incident to babyhood. It is just as efficient for "liver-grown" babies—those in

which the liver is full, congested and tender. It is an excellent remedy for some urinary disturbances in children, as when there is an involuntary enuresis due to irritability of the bladder from cold, etc., or when there is difficulty and pain in voiding the urine. *Matricaria* has been highly recommended for the swollen breasts frequently seen in babies. We doubt whether it is as efficient as *phytolacca* in this disturbance.

In adults *matricaria* will prove as efficient in the same class of diseases, with the same symptoms prevailing. It is especially recommended for amenorrhea from cold, and for dysmenorrhea, for neuralgia and for headache, and for false pains of pregnant women, as well as for many other nervous manifestations in these same patients. It is highly praised for effects its in certain cases of rheumatism, recent in nature, as well as for pains and vague manifestations of a hysterical nature or origin. The cold infusion has been praised for its effects upon malarial trouble.

Matricaria has had its praises sung for its efficiency as a remedy when used both internally and locally in ill conditioned ulcers, and in chronic skin troubles generally, when there is a tendency to ulceration; also in syphilitic ulcers, buboes, etc. It has had no little praise, and is frequently used by the Germans as a home remedy, both internally and locally in conjunctivitis and in inflammatory conditions elsewhere in which a poultice or wet compress can be used. The infusion, hot or cold, is a common, and we believe, beneficial remedy, when used locally, in some cases of chronic vaginitis and leucorrhea of a subacute character. It lessens both the pain and the discharge.

The dose of specific *matricaria* which, next to the infusion, is the best preparation of the drug, is a teaspoonful of a mixture containing from ten to sixty drops of the specific medicine to four ounces of water. A teaspoonful may be given every half to one hour. W. E. B.

THE TREATMENT OF PNEUMONIA.

Last month I spoke of the *twentieth century* treatment of pneumonia, and compared it with that of sixty or one hundred years ago. I referred to the fact that the treatment is identical, or with so little change that it is not appreciable, and that this treatment was recommended by the leaders of the dominant school.

It affords me pleasure, this month, to refer to an article by Dr. Elmer Lee, reprinted from the *N. Y. Medical Times*. p. 105. Dr. Lee is certainly a very liberal physician, and in treating disease, has the true idea of the administration of drugs. He is a good *Eclectic*, though belonging to the regular school, and we congratulate our regular brethren on having such a splendid representative in their ranks.

He says: "The situation confronting us is, fever to subdue, arterial pressure to overcome, congestion to remove, and oxygen to provide

for preserving the blood. The principal which has guided me in my experiments in the treatment of pneumonia is, *that the maintenance of the strength of the patient is the first requirement in the successful treatment of an acute disease.* Whatever would further prostrate the resources of the system would defer the convalescence. To preserve the resistance of the organism against disease requires an understanding of two simple propositions: First, how to support the embarrassed vitality; and secondly, the removal of deleterious matter from the body."

These are the very principles upon which the new school was founded. The early reformers believed that disease was depressing, and lowered the vitality of the individual, and that all treatment that still further depressed the life was to be discarded. Their first question was, how to support the embarrassed vitality. "*Vires vitales sustenete*" was emblazoned on her banners, and has ever been her watchword.

The removal of the deleterious matter from the body was also understood, and the fathers knew how to "open the flood-gates of waste, and stimulate the emunctories of the body," and thus the poisons, miasms, and toxins were flushed out of the system. Their methods were not always pleasant, but they were decidedly successful.

We congratulate Dr. Lee upon the stand he has taken, and the principle of his selection of drugs in the treatment of disease—not to use any agent that will further lessen the vitality. We may differ as to individual remedies; we may differ as to strength or potency; we may differ as to method of administration of drugs; but here is a principle upon which all medical men of all schools certainly could meet on common ground. When will that happy day come, when educated men from all schools can clasp hands, forgetting their differences, and mutually wage war upon disease, wherever met and under whatever form manifested. Let us, one and all, "support the embarrassed vitality."

R. L. T.

EUCALYPTUS.

This is from the famous *Eucalyptus globulus*, or blue gum-tree, the "fever tree" of Australia. It is said that malaria can not exist where this tree grows; not only because it abstracts and evaporates much water—as much as its own weight in twenty-four hours—thereby rapidly exhausting the moistness of marshes, but also because of the anti-malarial effect of the balsamic odor that emanates from the tree. The tree is a rapid grower; the wood is hard, even to the resisting of fire. The leaves are the part used, and those from old trees are preferable. They contain various resins, acid, and a volatile oil; a large per cent. of the latter is eucalyptol. It imparts its virtues to alcohol. The specific medicine is the standard Eclectic preparation of the drug, and it is made from the recent leaves. It contains much of the resin

and volatile oil, and is therefore not miscible with water; a milky precipitation follows the mixing of the two. The dose of specific eucalyptus is a teaspoonful every hour or two of a mixture of from one-half drachm to one drachm in four fluid ounces of simple elixir.

The specific affinity of eucalyptus in the human body is for the mucous membranes. To these it is both tonic and stimulant, and a want of tonicity and depraved functions in the mucous tissues are the key notes of indications for the prescription of eucalyptus. Other properties are ascribed to it. It is said to be an astringent, a febrifuge, an antispasmodic, and an antiseptic. One prominent writer says that as an antiseptic eucalyptus is three times as efficient as carbolic acid, and we are inclined to agree with him. We have grave doubts as to its efficiency as an antiperiodic. Still, if malarial infection be due entirely to the presence of the living plasmodium in the blood, and the cure of malaria depends upon the destruction or death of this plasmodium, who knows whether or not eucalyptus, or any other remedy, will "kill the bug," until it is thoroughly tried? Certain it is that eucalyptus is penetrating. When it is taken by way of the stomach, its odor is quite noticeable on the urine, and in the exhalations from the lungs; so that there is no doubt of its having come into direct contact with the blood-current. We are not, however, able to say whether this contact is agreeable or destructive to the plasmodium. This is enough as to eucalyptus being an antispasmodic. We believe it has a number of far more valuable uses, and that it should not be lost sight of in any disease in which the mucous tissues are below par, and especially if the nervous symptoms agree, as is evidenced by coolness or coldness of the extremities and the surface of the body, and the coldness of the perspiration and tendency to general chilliness. In fact it has been a question with us for some time as to whether or not eucalyptus does not demand a place in the specific nerve remedies. We know that it is serviceable in anemia of the nerve centers in chorea, hysteria, neurasthenia, facial neuralgia, in asthma, and in other allied nervous diseases. As a remedy in asthma it is best suited to those cases in which the secretion or expectoration is somewhat profuse, and the tendency to spasm very slight—the atonic case. Some recommend that the dried leaves be made the whole or a part of cigarettes, and smoked for the relief of this disease. Frequently we have found the internal administration of this drug to be followed quickly by relief. We have seen eucalyptus highly recommended as a remedy for toothache, to be given internally and applied locally.

Eucalyptus is an especially valuable remedy in respiratory troubles of a subacute or chronic nature. It is *not* the remedy in acute cases. In chronic pharyngitis, chronic laryngitis, and in chronic bronchitis, and in pneumonia, especially when there is a tendency toward pulmonary gangrene, as evidenced by the profuse secretion, the fetid breath, and general signs of septic infection, eucalyptus is an excel-

lent remedy. It should not be overlooked in the treatment of post-nasal, or naso-pharyngeal catarrh.

In the treatment of many cases of phthisis pulmonalis, eucalyptus has few if any equals as a remedy. In this, and in the other respiratory diseases mentioned above, it relieves the cough and lessens the secretion by its tonic effects upon the mucous surfaces. We have seen it written, that in some proprietary remedies used as injections, the treatment of tuberculosis, anthrax, epithelioma, lupus, etc., consisted of ten, fifteen, and twenty per cent. each of eucalyptus and carbolic acid. We have never used it in this way.

It should be given internally, and it may at the same time be used locally as a spray or lotion, or gargle. Eucalyptus is an especial favorite with laryngologists and rhinologists. They use it locally with some kind of an oily base. Under no circumstances is it well to prescribe eucalyptus with any of the mineral acids or salts, or with alkalies. Its action is said to be sometimes accelerated by tonics, iron, turpentine, cubebs, copaiba, etc.

Eucalyptus is, in properly selected cases, an excellent remedy for stomach troubles. In chronic catarrhal symptoms due to either stomachic or intestinal depression, dependent upon a soggiess of the mucous surfaces, it always brings a favorable response. Whether this particular effect is due to its stimulating or to its antiseptic qualities, we are not now able to say. It is frequently prescribed for this same effect in many cases of diarrhea and typhoid and other septic fevers, when there is undue relaxation of the tissues involved. In the treatment of stomach troubles due to too profuse secretion, and in vomiting due to sarcinae, and as an injection for pin or seat worms, eucalyptus is an excellent remedy. Frequently its stimulating effects upon the digestive tract instantly relieve palpitation of the heart, the irregular and distressed breathing, hot flushes, and other disturbing symptoms incident to the flatulence consequent upon digestive wrongs. Frequently the stomach rebels, when eucalyptus is given. Milk taken freely previously to its inception, will render the organ more tolerant.

Eucalyptus has quite a reputation as a remedy, based upon the results incident to its use in genito-urinary troubles—dizziness dependent upon mucous membrane wrongs of these parts. It is said to be the best urinary antiseptic known. We think, however, that beyond its superior stimulating qualities, it acts upon the kidneys and bladder very much like turpentine. Bearing this special action in mind, it is a decidedly superior remedy in vesical catarrh, desquamative nephritis, pyelo-nephritis, or in fact in any disturbance of the water tract, when muco-pus is to be found in the urine. It is a common remedy for gonorrhea. For these troubles oil of eucalyptus is frequently given, ten drops or less in a capsule three or four times a day.

Because of its stimulating and antiseptic effects, eucalyptus is often given to patients having diphtheria. While we believe it to be by far

superior to many remedies frequently given in this grave disease, we believe there are remedies superior to it.

On account of its stimulant and expectorant qualities, eucalyptus is frequently made an ingredient of so called cough medicine. While the idea of any special cough remedy is of itself not well founded, because cough may be due to so very many causes, yet it is a fact that eucalyptus does prove efficient in many cases when given in this routine way. At many seasons of the year the mucous membrane is a potent factor in cough causes, and many of the cases call for eucalyptus. We have used it in several cases of pertussis, and in some with surprisingly pleasant results. However, it will not so affect all cases. The same may be said of it in the treatment of acute coryza.

Eucalyptus is by far beyond ordinary value as a stimulating local application to indolent ulcers and old sores, with an ugly, unpleasant discharge, having a fetid or foul odor, as is seen sometimes in syphilis, gangrene, fistula, etc. It is of high value as a local application in many cases of spongy, bleeding gums, the sore mouth of stomatitis, and in cynanche maligna, and in tonsillitis. It is fully as efficient as a wash or local application in leucorrhea, catarrh of the bladder or urethra, or in vaginitis.

Eucalyptus has been highly praised as a remedy in certain acute and chronic skin diseases, from the most simple dermatitis to the most obstinate cases of eczema and psoriasis. We have not studied it thoroughly in these lines, and will not now dilate upon this use, though we believe that it should prove a good remedy. Dr. Foltz, of Akron, Ohio, recommends eucalyptus as a remedy in purulent otitis media, and in eczema of the auricle. We would ask JOURNAL readers to report to us their uses and results of eucalyptus.

W. E. B.

THUJA AS A TOPICAL MEDICAMENT.

We have often wondered if physicians appreciated the value of Thuja as a local application. We have proved to our satisfaction that but few agents topically applied give as certain and prompt results, in certain conditions in which the commoner local applications do but little good, or aid but feebly as compared with thuja. In some instances it is "promptly curative;" in others, though it cannot cure the primary disease, it promptly cures some of its local manifestations. Thus, in syphilitic chancroid, with rapidly spreading and painful ulcerations, it has acted, with us, more promptly and efficiently than other topical treatment. The most striking feature of its action is the promptness with which it controls the pain. The ulcerations heal rapidly, though it does not prevent the recurrence of smaller, blister-like eruptions appearing from time to time, and which are very annoying to the patient. Touching those small lesions with the medicament, however, seemingly quickly destroys their virulence and prevents the formation of more extensive ulcerations therefrom. We employ the

non-alcoholic form—that prepared under the name “Aqueous Thuja,” because it does not cause the smarting which is produced by the alcoholic preparations, and besides, containing some glycerin, it is adhesive. Moreover, it is a cleanly application and is devoid of marked odor, a desideratum in treating these cases. The full strength aqueous thuja is applied directly to the lesions several times a day.

The intense soreness of several large local and faucial ulcerations of syphilitic character that had resisted a two months’ treatment with “regular” medication, yielded promptly in less than two days to the local application of this preparation. The mouth was so sore that only soft food, such as crackers and milk, etc., could be taken. With the prompt disappearance of the sore came the ability to partake of food pleurably, and within a week the ulcers were completely healed. In cases of aphthous sore mouth it does some good, but is far less effective than in syphilitic sores, or than treatment directed to the digestive tract.

Not less gratifying than its efficiency in the foregoing disorders is its efficacy in gonorrhoeal infection. An extended use of it in this omnipresent affection has convinced us that it is of less value in the more acute phases than later in the course of the disease; though it is signally effective in all stages. Its best results, however, are obtained in that ordinarily intractable after-effect, properly known as “gleet.” It is not so prompt here as in syphilitic ulcerations, but it is sure, and its beneficial action is observable in a weeks’ time, and in the course of from two to four weeks the gleet yields completely to the treatment. Our method is to use 1 part of aqueous thuja, 1 part of colorless hydrastis, and 2 parts of warm water. The patient is then directed to syringe the urethra thoroughly with warm water—to cleanse the canal; then to follow with a syringe-full of the medicament and to retain it in the canal by placing the finger over the urethral orifice for a period of from three to five minutes. In the acute phases of gonorrhoea, a weaker solution is employed, together with appropriate internal medication—aconite, gelsemium, and cannabis, being most frequently indicated.

The value of Long’s Thuja in the treatment of granular ophthalmia cannot be overestimated. When the granules are soft and pultaceous, we have had excellent results from lightly passing the wetted alum pencil over the lid, making but one sweep at each treatment. The patient is then furnished a box of the ointment, and directed to apply a small amount within the lid once a day.

Our experience with thuja in the removal of warts has been disappointing. We have not applied it in urethral carbuncle, but have no doubt but that it would be effectual, as has been reported at other hands. Our uses of thuja internally, especially in diphtheria, will be commented upon in a subsequent paper.

H. W. F.

SURGICAL HINTS.

The horrors of "catheter life" to the aged male individual will be greatly lessened, if the physician remembers that with the introduction of the soft catheter the fountain syringe is attached to the catheter, carrying ahead of the inserted catheter a stream of hot water, which easily dilates the urethral tract, and allows of the easy introduction of the catheter.

If the physician will use the above method in the introduction of the soft catheter in any case where there is much irritation and difficulty attending the operation, he will be greatly surprised at the results, which are so easily attained, many times enabling him to easily insert the catheter through irritable stricture tissue, which otherwise might require the use of an anæsthetic, and the forcing of the tissue by the use of the steel sound. Doctor, remember this suggestion, and it will save you many an annoyance.

* * *

INTESTINAL SURGERY.—The best method of uniting a divided bowel is still an unsettled question in the hands of our best surgeons. I believe that I shall be able to present to the profession in a short time a decalcified bone tube, made from the femur of a calf or sheep, which will be about one inch and a half in length, and corresponds in size to the lumen of the intestine which is to be united. The decalcified bone will have either end slightly rounded, after the manner of the tapering end of a cork; thus enabling the operator to easily insert the decalcified bone tube, which will turn in the serous coat of the intestine, and as it approaches the center of the bobbin, will allow the approximation of the serous coats of either end of the intestine at the center of the decalcified bobbin, and the intestine will be united by fine cat-gut suture.

By this method of operating, there will be no obstruction of the lumen of the intestine at the approximation point, and the decalcified bone will remain long enough only for the proper adjustment and union of the intestinal ends, when it will be digested and removed without acting as a foreign substance in the intestinal tract.

* * *

THE X-RAY.—Recently in making an examination of one of our conductors on the Big Four Railroad, who had an enlarged knee joint, I called to my aid the use of the X-ray, as a further means of making a diagnosis of the enlarged joint. With the assistance of my friend, Wm. Jordan Taylor, who is an expert, and has at his command one of the best X-ray machines in the city. We were somewhat surprised at the wave-like appearance which developed in the shadowgraph, at the time of the first exposure. We therefore re-examined the patient, and made a second negative, which also revealed the same wave-like shadows in the shadowgraph as was manifest in the first negative. This condition was so unexpected and so strangely different from other shadowgraphs of the knee joint, that we required a third examination

which was similar to the two previous examinations in regard to the wave shadow. We were forced to the conclusion that it was due to arthritic fluid in the knee joint.

Possibly this means of diagnosis with the X-ray will reveal the true conditions of effusion in arthritic lesions. I am satisfied there is some therapeutic action that must be attributed to the action of diseased joints that are exposed and opened to the above influence of the X-ray machine. I am not quite sure but in the near future tubercular lesion of the wrist, elbow, shoulder, ankle, knee, and hip joints, will be benefited by treatment with the X-ray machine.—*X-Ray Therapeutic*.

L. E. R.

MASSACHUSETTS AND NEW YORK ECLECTICS.

Prof. Lloyd has just returned from a visit to the Eclectic profession of Boston and New York City. He read a paper at the semi-annual banquet of the Massachusetts Eclectic Medical Society, and also delivered an address before the Eclectic physicians of New York City and vicinity.

He speaks in the highest terms of the meetings of the Massachusetts society, and praises that organization for the sincerity, unanimity and earnestness of its members. His encomiums concerning the New York profession are not less enthusiastic, and it would surely please them, could the words he uses on their behalf be heard by them.

Prof. Lloyd is strongly impressed with the New York college, and asserts that that institution is entitled to the earnest support of all Eastern Eclectics. It should, in his opinion, have a class of not less than three hundred, and he predicts that if the Eclectics of the East unite their energies, this college will be second to none in the land, either concerning the number of students or the thoroughness of instruction.

“DURING 1897 the record of THE COSMOPOLITAN was that of holding the largest clientele of intelligent, thoughtful readers reached by any periodical in the world. No effort and no expense were spared to hold this ascendancy. While the best fiction, the most interesting articles of adventure and travel, the best of criticism and art, were constantly appearing in its pages, it appealed, by its more serious work, to the entire world. When civilized nations worried over the dark and uncertain situation in India, The Cosmopolitan sent a carefully selected commissioner to penetrate the remotest plague districts and tell the dreadful story. Recognizing the necessity of advance in educational methods, the Cosmopolitan proceeded to engage the leading college presidents and educators of the world to discuss the subject.

Believing that our readers would appreciate clubbing with one of the best illustrated magazines, we have entered into a special arrangement with the Cosmopolitan whereby we can receive advance subscriptions for our JOURNAL and the Cosmopolitan at \$2.65 net, whether the subscriber is a new or old one to either periodical. In sending in subscriptions, state when you wish the Cosmopolitan to begin. For further particulars in regard to the Cosmopolitan, see our advertising pages.

BOOK NOTICES.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, 1897-8, including Proceedings of the twenty seventh Annual Meeting at Lake Minnetonka, Minn., June, 1897, together with the Reports and Essays furnished the several Sections. Edited and published for the Association by the Secretary, Dr. W. E. Kinnett, Yorkville, Illa. 8vo, 308 pages, cloth.

This volume has been issued within a very few months of the last annual meeting, and Secretary Kinnett deserves great credit for his promptness. The volume before us is smaller than usual, yet the papers are of more than ordinary value. This volume contains the constitution, standing resolutions, and a very carefully prepared set of minutes of the last annual meeting, followed by the annual address of President Maclean.

We might mention several papers of more than usual importance, but we hesitate to draw any distinctions. With possibly an exception or two, they all possess unusual merit.

When it is considered that our National Society has a membership of a few more than four hundred, and that it has been badly in debt for years, and that the two previous volumes were published by means of the donations of members and friends, we are to be congratulated that the present volume was prepared so promptly, with every prospect that the Association will be able to pay the printer's bill before the next annual meeting in June.

In the section work the past few years, we note with pleasure the gradual growth in methods, particularly the placing of proper responsibility on the officers of the different sections, and the systematic arrangement of the work. These are movements in the right direction, and they will undoubtedly enhance the value of future volumes.

The next annual meeting of the Association will be held at Omaha, Neb., June 21-23, and we look for an unusually large attendance, owing to the fact that the Trans-Mississippi Exposition will be open at the same time, and low railroad rates will be assured.

TRANSACTIONS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION, for the year 1897, including Proceedings of the thirty-third Annual Meeting held at Put-in-Bay in July, 1897, together with the Reports, Papers, and Essays, furnished the several Sections. Edited by the Committee on Publication. 8vo, 182 pages, cloth. Price to non-members, \$1.00, or the three volume set for \$2.50, post-paid. R. C. Wintermute, M. D., Treasurer, No. 129 West Seventh st., Cincinnati, O.

We are glad to note the prompt publication of this, the third volume of the Transactions of the Ohio Society, and thanks are due to the Recording Secretary, Dr. Turner, and the other members of the Publication Committee, Dr. Bloyer and Prof. Lloyd.

This volume contains the constitution, by-laws, and code of ethics of the Society, and an extensive set of minutes of the last annual meeting, followed by the address of President Jones. Among the papers of more than ordinary interest, we note that on Empiricism, by Prof. Lloyd; Eclectic Materia Medica, by Prof. Felter; Insomnia, by Dr. DeCrow; Delirium, by Prof. McMillen; Physical Diagnosis, by Prof. Mundy; Diagnosis of Abdominal Growths, by Dr. Williams; Orthopædic Surgery, by Dr. Hubbard; Fevers of Childhood, by Dr. Taylor; Necrosis, by Prof. Bloyer; Pathology of the Spinal Cord, by Prof. Watkins; Intubation of the Larynx, by Dr. McKittrick; Cancerous Growths, by Prof. Freeman, and several other articles of more than usual interest.

Then follows a list of the active members and their addresses, a total membership of 135 out of a possible 700 registered Eclectics in the State. The volume also contains a complete list of the physicians of our school, as registered by counties, showing members and non-members of our Society.

The Executive Committee has decided to offer a limited number of copies to non-members at \$1.00 per volume, or the complete set of three for \$2.50. These can be obtained from Treasurer Wintermute. The New York and Ohio societies are now the only State societies publishing their transactions in bound volumes each year. It is a plan that should be followed by other societies.

A PRACTICAL TREATISE ON APPENDICITIS. Prepared for the use of students and practitioners. By Howard Crutcher, M. D. Hahne-mann Publishing Co., Chicago. Price \$1.50.

This interesting monograph on appendicitis, by Prof. Crutcher, has been dedicated to his old teacher in medicine and surgery. Much of the book has been given to the study of the appendix, its etiology, pathology, and instructions for treatment by the use of different medicines, etc. I think quite enough has been said in this monograph to suit the most fastidious in regard to medical treatment of appendicitis; and the surgical part has been nicely illustrated by giving the different methods of operative procedures.

The author has very kindly given the advanced views of the best American authorities on this important subject. And what he has to say has been very well said.

L. E. R.

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Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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A CLINICAL TEXT-BOOK of Surgical Diseases and Treatment, for Practitioners and Students of Medicine. By J. W. Macdonald, M. D. Professor of Surgery in Hamlin University, Minneapolis. With 328 illustrations. W. B. Saunders, Publisher, Philadelphia. Price, cloth, \$5.00.

This is an extremely excellent and interesting work. It is an up-to-date treatise upon surgery, and is especially strong in diagnosis. With this book at hand, it would be difficult for the surgeon or practitioner to make any grave mistake in determining the condition of fractures or dislocations, or in diagnosing morbid joint affections.

All the minor and major surgical operations, from stitching a scalp wound to laparotomy, are lucidly and minutely described. There is no surgical subject left unnoticed, and yet the book is not a "system" or "cyclopedia." In one volume of 800 pages, the author gives the essentials so briefly, yet so clearly, that it is a real pleasure to read after him, and the perusal imparts a feeling of confidence to the reader which may assist him when he most needs help. The operative department of the work is very plain in direction and method—no obscurity, no ambiguity—in fact, the book is just what the average practitioner needs, and will prove a profitable investment to any physician.

L. W.

DISEASES OF THE EYE. By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon at St. Thomas' Hospital, London. Revised. Fifth American, from the sixth English edition. 12mo, 521 pages, with 2 colored plates and 161 engravings. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia. For sale by Scudder Brothers Co., Cincinnati.

There is probably no work on the eye so frequently revised and kept thoroughly up to modern ophthalmology as Nettleship's. Its thoroughness, combined with the perfect descriptions of disease, recommend it to close students, while its price is less than others of its class. To those versed in ophthalmic literature, no recommendation is needed; for students as well as practitioners wishing a good book with small outlay, this is the work.

The supplement on color-blindness and tests of sight and hearing, with reference to railway employes, by Wm. Thompson, of Philadelphia, is again revised and augmented, and to-day forms the most prominent and practical directions for any one looking up this subject,

W. B. S.

HYPNOTISM and its Application to Practical Medicine. By C. G. Wetterstrand, M. D., Member of the Society of Swedish Physicians at Stockholm. Translated by H. G. Petersen, M. D. G. P. Putnam's Sons, Publishers, New York. Price \$2.50.

This work was first published in 1890, and is a fair presentation of the status of hypnotism at that time. There is nothing new in the present edition, which is taken up, for the most part, by a description of cases treated by the author, in which are included neuralgias, hys-

terias, headaches, light psychoses, alcoholism, chloralism, morphinism, consumption, and other morbid conditions, all of which have been successfully treated by mental suggestion. There is, however, no practical method given, and the author fails to show just how to do what he claims to have done in this field. This, in a measure, mars the usefulness of the treatise for the active practicing physician.

L. W.

RUBAIYAT OF DOC SIFERS. By James Whitcomb Riley. Small 12mo, 120 pages, illustrated, cloth, \$1.50. Published by the Century Co., New York.

The term "Rubaiyat" is a Persian word, signifying "quatrains," or four lines in poetry, originally the first, second, and fourth lines being in rhyme. This form was first popularized by the great Persian poet and mathematician, Omar Kyaan, the "Rubaiyat of Omar Kyaan" being as popular to-day as it was five hundred years ago.

In the "Rubaiyat of Doc. Sifers," James Whitcomb Riley brings out probably one of his longest and best poems, showing the picture of the country doctor, loving and sympathetic yet strong—that debatable position which all physicians would hold, did not sympathy often bring weakness.

In the broken and at times ungrammatical language of the place, he pictures "Doc," a good fellow in the prime of life, who loved children, who labored with misfortune and sickness for love, and not for pay, for he never shunned the poor nor the unfortunate, and was never too tired, nor the night too bad, to help a body in distress.

Throughout we become acquainted with this quaint country doctor, his ways, his good works, his power for good in his little community. The book will certainly strike a sympathetic chord in every conscientious physician, and we speak a good word for it to our readers.

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EDITORIAL FROM E. M. JOURNAL.

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FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

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IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

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Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

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NOTES ON MEDICAL JURISPRUDENCE. By A. W. Strong, LL. B., Professor of Medical Jurisprudence and Lecturer on Insanity in the Bennett Medical College, Chicago. Published by D. S. Hauger, Chicago. Price \$1.25.

We have read this little work of sixty-one pages, and the only criticism we can offer is its brevity. The main topic, relating to legal medicine from the physician's point of view, is considered in a short and condensed manner. It is not intended to take the place of the more complete works on this subject. However, the physician and student will find it a brief but complete guide.

B. M.

ADVANCE ANNOUNCEMENT.—Mr. W. B. Saunders, the enterprising medical publisher of Philadelphia, announces for early publication the following books: Lehman's Medical Hand-Books, or Atlases. Each work will contain from 50 to 100 colored plates. These works will be translated from celebrated foreign authors. The following books will be ready shortly: Jacob's Internal Medicine and Clinical Diagnosis; Von Hoffman's Legal Medicine; Zuckerkandl's Operative Surgery; Grunwald's Laryngology; Haab's External Diseases of the Eye; Kopp's Venereal Diseases and Skin Diseases.

THE LIVING AGE. A new year and a new volume.

The number of *The Living Age* for the week ending January 1 begins a new volume and a new year of that standard periodical. In this volume the striking serial story, "With all Her Heart," translated expressly for *The Living Age* from the French of Rene Bazin, will be continued until its completion. Its conclusion will be immediately followed by the publication of a new serial of unusual interest.

The beginning of a volume is an excellent time for the beginning of a subscription, and the publishers still present to new subscribers for 1898 the eight numbers of 1897 containing the first installments of "With all Her Heart."

THE CENTURY MAGAZINE, monthly, \$4.00 per year; single copy, 35 cts.

Published by the Century Company, Union Square, New York.

The Century is the great family magazine of the world. The present volume, which began in November, will excel all preceding volumes in the variety and freshness of the contents, according to the promises of the publishers. The author of "Hugh Wynne," (a story of the American Revolution), has written a story of the French Revolution, illustrated by Castaigne, beginning in the January number, entitled "*The Adventures of Francois*," by Dr. S. Weir Mitchell.

Dr. Mitchell's new story is one of pure adventure. It describes Francois as "foundling, adventurer, juggler, fencing-master, and servant, during the French Revolution." Hair-breadth escapes are the regular order of the day; but all this is given with Dr. Mitchell's keen characterization and wit.

Other fiction of the year: Mrs. Burton Harrison's novel of New York society—"Good Americans"—which portrays contemporaneous social life in the characteristic manner of the author of "The Anglo-maniacs" and "A Bachelor Maid." "The Steerage of To Day:" Graphic Impressions of an American writer who comes over as emigrant "No 1816, Group C.;" "Constantine Pobedonositzeff;" "Picturesque Papers on Egypt;" "The Klondike," profusely illustrated; "The Pennsylvania Coal Miners;" "Bret Harte's New Stories and Poems;" "Gilbert Stuart's Portraits of Women."

COLLEGE AND SOCIETY NOTICES.

BOSTON, MASS., Jan. 18, 1898.

To the members of the National Association:

The time is fast approaching when we must begin to make preparations for attending the forthcoming meeting of the National. Low fares, on all railroads, will be the order of the day because of the Trans Mississippi and International Exposition. Just what they will be can not be stated as yet, but it is expected that such announcement can be made next month.

The President's appointments assure a very instructive and interesting programme, and the other attractions will be of an equally entertaining nature. Arrangements are being perfected for the comfort of those who attend, and the Eclectics of Nebraska will leave no stone unturned to make it a delightful occasion to all who decide to participate.

Commence now to make your plans to attend this meeting. *You will never regret it.* Its influence will go with you throughout the year, making you a more successful physician because of the new ideas that will come and the chance to get out of the ruts which a constant attention to business always engenders.

The Corresponding Secretary has a pamphlet giving much interesting information concerning the Exposition and its attractions, which he will be pleased to mail to all who desire to receive it and will send a stamp for postage.

Keep your eyes on the pages of this Journal each month, from now on until the meeting, for interesting news concerning the great meeting of '98.

PITTS EDWIN HOWES, Cor. Sec'y,
Station S., Boston, Mass.

MEETING OF THE MAINE ECLECTICS.—The Thirty-second Semi-annual Meeting of the Maine Eclectic Society was held at Hotel Johnson in Gardiner, on Wednesday, December 8, 1897. The attendance was unusually good, and the meeting one of intrinsic interest and profit. Prominent among the members present were President Henry Fay



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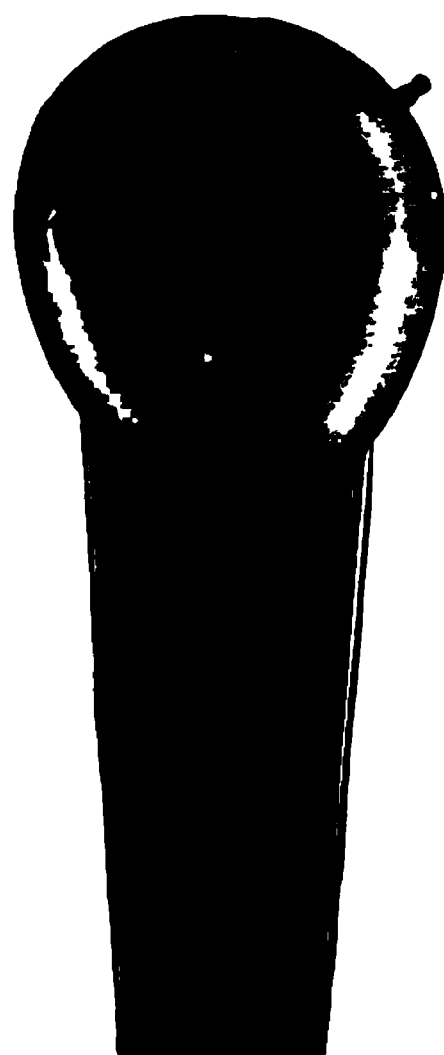
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of Biddeford; Theophilus J. Batchelder, of Machias; Algernon Fosset, of Portland; Josiah Lister Wright, of Durham; Geo. A. Weeks, of Richmond; and Edgar F. Townsend, of Boston.

The forenoon session was devoted principally to routine business and the afternoon to the reading and discussion of papers. An essay on "Subinvolution" was read by Dr. Wm. C. Hatch, of New Sharon, followed by an eminently able paper on "Conservatism in Surgical Gynæcology," by Dr. Wright, of Durham. Dr. Batchelder's paper on "A Restudy of Our Materia Medica" contained many new and valuable hints. Dr. Townsend demonstrated the practical utility of electricity in diagnosis in a very entertaining manner. In point of interest and enthusiasm this meeting stands pre-eminently the peer of its predecessors.

W. H. HATCH, Cor. Sec'y, New Sharon, Me.

BOSTON, MASS., Jan. 11, 1898.

The Thirty-seventh Annual Meeting and Third Ladies' Night of the Boston District Eclectic Medical Society was held this evening at the "Thorndike." The reception, held from 6 to 7.30, was fully attended and thoroughly enjoyed. A business meeting was held at 6.45, at which it was voted to postpone the election of officers until February.

At 7.30 the members, with their guests, were seated at the tables which were spread in the marble dining room, a grace being said by the Rev. Dr. Nathan E. Wood. The large attendance, the dainty menus, the beautiful flowers, the distinguished guests, all combined to make this the most successful meeting ever held by our society. After devoting two hours to the enjoyment of the choice viands spread before us, the President, Dr. Nathan L. Allen acting as toast master, introduced those who contributed to the intellectual feast, which was of unusual brilliancy.

Prof. John Uri Lloyd, who read from some of his unpublished manuscripts, gave a unique description of his native state, Kentucky. He spoke of its natural characteristics, its people, with their peculiarities, and the exceedingly trying position which it occupied during the Civil War because it was a border state. The realistic manner in which he portrayed the division of families caused by their different sentiments brought before us in a strangely vivid way some of the horrors of a war whose most pathetic stories may never be written by human pen.

Prof. James Clark Ridpath, who responded to the sentiment "Progress in Life," spoke in a concise but forcible manner concerning progress along material, intellectual and spiritual lines. Among other things he described the tendency of the present times to bring men together and yet to keep them apart. By means of steam and rail communication distant portions of the world were near neighbors, but, realizing the vast waste of time consumed by traveling, the present civilization had overcome such loss by means of telegraphic and telephonic appliances.

Prof. Alice H. Luce, of Wellesly College, talked in a charming manner for "woman." She called attention to the fact of what the American man had done for the American woman, and, by her, for woman throughout the world; also how the American woman had responded and improved the opportunities which had made her, in all respects, the co-equal of man; again, of the advantages which the American fathers were giving their daughters and what they had a right to expect in return.

Rev. Dr. Nathan E. Wood, of Commonwealth Avenue, in speaking to the toast "Possibilities of Life," said that the trend of public thought at the present seemed to be extended along the line of providing for the material comfort of human life. Now and then he was thrown among those who seemed to be striving for a greater intellectual and spiritual growth. He was positive that the greatest possibilities of life were along these lines, and that no life could really exist in its truest and deepest significance until it was based on such a conception.

Prof. E. L. Patch, in a few brief, happy words, expressed the pleasure of the pharmacists in thus meeting and becoming better acquainted with those whom it was their duty to serve.

Miss Flowerbel Witt, as pianist, Miss Alice M. Dearing, as vocal soloist, Mrs. James H. Harris, as accompanist, added very much to the evenings enjoyment by their contributions.

It was a late hour when the party broke up with a double feeling of pleasure and commiseration; pleasure that they had been permitted to enjoy such a delightful occasion; commiseration for those who, by their own wills or other circumstances, had been debarred from such an entertaining and instructive evening.

Those present were: Dr. Nathan L. Allen, Miss Allen, Dr. and Mrs. C. Edwin Miles, Dr. and Mrs. W. A. Perrins, Dr. and Mrs. E. Edwin Spencer, Miss Spencer, Dr. A. L. Pattee, Miss Gardner, Dr. and Mrs. J. D. Young, Dr. Pitts Edwin Howes, Miss Flowerbel Witt, Dr. and Mrs. Charles Lloyd, Dr. A. Waldo Furbush, Dr. John Perrins, Mrs. Cox, Dr. Lydia Ross. Guests.—Prof. and Mrs. John Uri Lloyd, Prof. James Clark Ridpath, Miss Richardson, Rev. Dr. and Mrs. Nathan E. Wood, Prof. Alice H. Luce, Prof. E. L. Patch, Prof. W. L. Scoville, Mr. Richard G. Badger, Mr. and Mrs. S. A. D. Shepard, Mr. Walter R. Foss, Mr. Ross McPherson, Miss Alice S. Geddes, Miss Alice M. Dearing, Miss Elizabeth J. Hinckly, Mrs. James H. Harris.

PITTS EDWIN HOWES, M. D., Sec'y.

The Thirty-fourth Annual Meeting of the Ohio State Eclectic Medical Association will be held at Columbus, May 17, 18 and 19. The Executive Committee has arranged a very elaborate programme, and a large number of members have signified their intention of being in attendance. It is expected that the Association will make a pilgrimage to Worthington, O., which is now a suburb of Columbus, as this

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Because Petroleum is the most nourishing and the most healing of all the oils. Also because it is free from all objectionable odor or taste.

And the Hypophosphites?

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What Will It Do?

Feed starving tissue: aid digestion and assimilation and increase weight and strength: therefore indicated in all diseases attended with loss of flesh.

Invigorate the nervous system: therefore indicated in all diseases attended with nerve-exhaustion.

Give prompt and almost certain relief in the coughs of bronchitis and phthisis: therefore specially indicated in these diseases.

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is the birth-place of the old Worthington Medical College, and the birth-place of Eclecticism in the west.

Any Ohio Eclectics who are not now members of the Society can address the Secretary, Dr. Fred. O. Williams, 196 Long St., Columbus, O., for further information, and he will furnish blank applications. Any one joining this year will secure three bound volumes of the Transactions, which alone are worth more than the cost of annual dues and initiation fee.

The Fifth Annual Meeting of the American Medical Publishers' Association will be held in Denver, on Monday, June 6, 1898 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as every one interested in Medical Journalism, cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the programme, contributors should send titles of their papers at once to the Secretary,

CHAS. WOOD FASSETT, St. Joseph, Mo.

PERSONALS.

Dr. Sherman T. White, E. M. I., '88, is happy at Redding, Cal.

Dr. D. M. King, E. M. I., '61, prospers at Verdon, Neb.

Dr. J. J. Brown, Bennett, '86, has recently returned from Barstow, Tex., to Gilead, Ind.

Dr. W. A. White, E. M. I., '97, is pleasantly located at Leipsic, O.

Dr. A. D. Tilden, E. M. I., '76, continues in a good business at Riverside, Cal.

Dr. Zed. Hawkins, Amer. Med. Coll., '74, is happy at 1611 Robber-son Ave, Springfield, Mo.

Dr. G. M. Swepston, E. M. I., continues to prosper at McArthur, O.

Dr. G. F. Walker, E. M. I., '72, steadily strives for Eclectic interests and is very successful at 930 Magazine St., New Orleans, La.

Dr. J. F. Sweitzer, E. M. I., '93, is doing well at Maxville, O. He recently paid a visit to his alma mater.

J. A. McKlveen, M. D., of Charlton, Iowa, has just been appointed on the State Board of Health, to succeed Dr. E. H. Carter, of Des-Moines. We congratulate the Governor on this excellent appointment.

MARRIED.—At Fulton, Ky., December 22, Dr. Robert T. Rudd, E. M. I. '96, to Miss Ina Vincent.

DIED.—At Olean, N. Y., October 22, Dr. J. V. D. Coon, E. M. I. '56.

DIED.—At Bentonville, Ark., on January 10, Dr. Ira J. Baldwin, late of Lynnville, Ind. Dr. Baldwin was a graduate of the Indiana Eclectic Medical College.

Several locations near Sabetha, Kas. For particulars address with stamp, Dr. A. S. Ross, Sabetha, Kas.

Location at Springfield, Neb. Six hundred inhabitants, two other physicians. Good location for an Eclectic, the last Eclectic having died last fall. For full particulars address Dr. James Anson, Springfield, Neb.

FOR SALE.—29 unbound volumes of the Eclectic Medical Journal from the years 1867 to 1895, both inclusive. I will take \$20 cash for the set, purchaser to pay freight or express charges. Address,
J. R. GREENWOOD, M. D., St. James, Mo.

FOR SALE.—One No. 2 Twenty Cell McIntosh Office Battery. Used but very little and in good condition. Battery and appliances cost over \$50 net. Will take \$30 in cash. A good bargain for any one wanting a battery. Address, A. W. TAYLOR, M. D., Sunbury, O.

FOR SALE.—Complete set of the Eclectic Medical Journal from the year 1848 to 1880 inclusive, substantially bound, most of them in half sheep and a few in plain cloth; also from 1881 to 1897 inclusive, unbound. These Journals were part of the library of the late Dr. Anton. The complete set of 48 volumes will be sold for \$48. Also a complete set of the Transactions of the National Eclectic Medical Association, excepting Volume 3. Make us an offer for these. For particulars address, Dr. J. K. SCUDDER, Box 115, Cincinnati, O.

FOR SALE.—A \$3,000 property, practice and drug store. A two-story, six-room residence on four acres of rich land, an orchard of sixteen large bearing apple trees, twelve bearing plum trees of the choicest fruit, a large arbor of grape vines that has raised grapes enough to make two barrels of wine, a good barn, buggy house, coal and hen house, ice house, blacksmith shop and tools, a never-failing well of the best water, a sixty-barrel cistern, brick arched cave, cyclone proof, \$2,500 to \$3,000 practice, 95 per cent. collectable, no competition, situated in the midst of a rich, thickly-settled farming country in Fulton County, Illinois. Address me at Otto, Ill.

W. H. ELLIOTT, M. D.

Every December the enterprising Antikamnia Chemical Co. sends every physician a souvenir in the shape of samples of their goods and each January a handsome calendar. Their new calendar for 1898 is unusually handsome, the artistic skeleton sketches being done by Crusius. The Company has an immense demand for this calendar from the laity, but they will only furnish it to physicians. If you have not received a copy, send a request with your card or letter head and they will mail you one.

READING NOTICES.

Crataegus Oxycanthe, the heart remedy which was introduced to us from England about a year ago, is making a good record, being free from the many objectionable features in taste or action. Being positively free from reaction, it has become an indispensable preparation with many, and the constantly growing demand is the best proof of its virtues; its action reminds one of strophanthus, but has not the disagreeable taste.

Crataegus Oxycanthe (English Hemlock) is highly praised in all heart trouble and for strengthening cardiac impulse. A few days' use of crataegus influences favorably the whole nervous system. It increases appetite and improves assimilation and nutrition, showing influence on the sympathetic and solar plexus. Its action on the heart is gentle, prompt, with a quietude and yet strengthening—and a patient who before crataegus was used was wan, irritable and melancholic, after a few days showed marked improvement. From all reports obtained, crataegus is a most excellent and safe heart remedy and a beautiful cardiac tonic.—*The Big Four*.

Hints on the Treatment of Diseases of Women.

On reviewing the progress of gynecology during the past two decades, one cannot but be impressed by the prominence given to surgical methods in the treatment of the diseases of women. It is doubtless true that many a life has been sacrificed and much needless mutilation inflicted by those who consider the knife as the sovereign remedy for a majority of the affections of the female genital tract. To such an extent has this fad grown, that in late years many an emphatic protest has been uttered by conservative gynecologists against the practice of indiscriminate operating. Slowly but surely a reaction is setting in and the day is not far distant when medical gynecology will be restored to its proper position.

It will be our aim to show that medical treatment has a wide range of utility in the management of a large number of the diseases peculiar to women, and to place before the profession a line of treatment which has already demonstrated its efficiency in the practice of numerous physicians.

Micajahs Medicated Uterine Wafers have been before the profession for fourteen years, and during this time have constantly grown in popularity. This preparation is a scientific combination of several approved and well tried antiseptic, astringent, and alterative medicaments. These ingredients were selected for the purpose of meeting all the indications that may present themselves in the treatment of the mucous membranes.

Its components, while of acknowledged efficiency, are perfectly innocuous and non-irritating. In view of the fact that the majority of

substances which manifest active antiseptic properties are also poisonous and more or less irritating to the sensitive mucous surfaces, the perfect innocuousness of these wafers will be recognized as one of their most desirable features.

As already mentioned, the three prominent properties embodied in this preparation are those which are demanded of a remedy that is intended for general use in gynecology, viz. :

ANTISEPTIC ACTION.—The majority of inflammatory processes involving the female genitalia are of infective origin, and hence the employment of an efficient germicide is one of the prerequisites toward effecting a cure. Micajah's Medicated Uterine Wafers destroy the exciting cause of the morbid process, and prevent its further development.

ASTRINGENT ACTION.—The value of astringents in the treatment of inflammations of mucous membranes is universally accepted. The astringent principles in the wafers subdue inflammatory action by constringing the blood vessels and thus relieving the engorgement, and rapidly control the profuse and often offensive discharges.

GENERAL ALTERATIVE ACTION.—The wafers exert a distinct influence in promoting a healthy condition of nutrition of the affected parts, as manifested by a prompt restoration of function, the absorption of exudates, and the relief of the existing disturbances.

These in a general way are the chief effects of the medicated wafers, and it now remains to point out the conditions in which this preparation has proved of most service.

LEUCORRHOEA.—In the local treatment of leucorrhœa it is necessary to resort to remedies which will not only control the discharge, but exert a curative effect upon the diseased condition of the mucous membranes of which it is a manifestation. The use of astringents and antiseptics is commonly recommended in leucorrhœa, and no more eligible combination could have been devised for this purpose than Micajah's Medicated Uterine Wafers. Under their use the discharge whether mucous or purulent, rapidly subsides and loses its offensive character, and as the mucous membrane returns to a healthy condition, ceases altogether. In connection with the wafers it will be advantageous to employ copious irrigation of the vagina with warm water, and in cases where the leucorrhœa is associated with constitutional disease internal treatment, the use of tonics and hygienic measures, will be indicated.

VAGINITIS.—While acute catarrhal vaginitis readily yields to proper treatment, the chronic form is often exceedingly obstinate in therapeutic measures of all kinds, the inflammation extending into the ducts of the glands. The acute gonorrhœal form is particularly severe, and unless promptly treated, is apt to affect the uterus and its appendages. In the treatment of all cases of vaginitis, therefore, everything must be done to prevent the extension of the inflammatory process. The chief therapeutic indication consequently is to destroy the infective element, whether it be the gonococcus or some other micro-organism, and to accomplish this we must make use of a powerful antiseptic, yet one which will not irritate and inflict further damage upon the diseased vaginal structures, or cause toxic effects by absorption. Besides

ACETANILID COMPOUND.

(MARVIN)

A Preparation at 10 Cents an Ounce, superior to the much-vaunted, high-priced Analgesics and Antipyretics.

THE COUNTRY DOCTOR'S VADE MECUM.

PORTAGE, UTAH, May, 27, 1895.

J. P. MARVIN, M. D.—Dear Doctor: Please send 16 ounces more of your Acetanilid Compound, which I consider one of the *best* of its class. I have used all I believe that have come out in the last few years, and I have found nothing that answers for so many purposes or that can be combined with so many different remedies. It is, in fact, the Country Doctor's Vade Mecum. As long as you keep up its present standard I shall use and recommend to my professional friends the use of it. Thanking you for your promptness in sending the last, I shall hope to receive this soon, as I have only about two ounces. Wishing you success, I am,

Yours truly,

W. H. ANDERSON, M. D.

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10 cents per ounce, by mail, or express, charges prepaid.

Fold a silver dime in a powder paper and mail it for a sample ounce. You will want a dollar's worth later.

ROAD IS EXTENDED.

SERVICE OF THE C. H. & D. IS NOW EAST AND WEST—MADE DURING DULL TIMES—CHANGES ALREADY HAVING A STIMULATING EFFECT.

The Cincinnati, Hamilton and Dayton Passenger Department feels the effect of business improvement in many ways. Passenger Traffic Manager D. G. Edwards last evening, in commenting upon business said that during the dullest season experienced by roads in years he had extended his service in three ways.

"The Hannibal connection over the I. D. & W. and the Wabash," said he, "has been a most beneficial one. Our extensions of service have been to either meet competition or to reach out into new fields. I found that the Hannibal field was not reached by Cincinnati—in fact, the cities and towns along the Mississippi River, Quincy, Dubuque, Hannibal and others, had no through sleeping car connections to Cincinnati. Commercial travelers informed me that they found it necessary to be routed via St. Louis. The owners of our company acquired the I. D. & W., and this gave us an easy way of making an extension into the Western territory.

"Our mileage via the I. D. & W. and the Wabash is the shortest to Kansas City and Denver and other points. There has been a marked improvement in the business from this territory ever since the line was opened, and the car service is being better right along. We also found it advisable to make another extension via the I. D. & W. At Roachdale we connect with the Monon for Chicago. This deviation of about fourteen miles places us in touch with Crawfordsville, Lafayette, and other Indiana towns. Our last monthly statement showed that at Roachdale we handled over 1,200 interchangeable passengers.

"Our other extension of service was that with the Baltimore & Ohio, and Baltimore & Ohio South-western for Washington, Baltimore and other Eastern Points.—Commercial Tribune, Cincinnati, O., Nov. 5, 1897.

Wm. A. FISHER, M. D., President. JOHN R. HOFFMAN, M. D., Secretary.

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exerting an antiseptic action it is necessary to employ remedies which will relieve the engorgement and swelling of the inflamed mucous membrane, establish normal circulation, cause the absorption of exudations into the tissues, and promote a return to a healthy state. From what has been above said regarding the therapeutic properties of Micajah's Medicated Uterine Wafers, it will be seen that their use, in connection with hot water irrigation, will render unnecessary recourse to other more inconvenient and less effective means of treatment.

Ulcerations and Erosions of the Vagina and Os Uteri are remarkably benefited by Micajah's Medicated Uterine Waters. Their action here is to subdue the accompanying inflammation and irritation of the mucous membrane, suppress the acrid discharges, and stimulate the reparative process.

ART FOR THE PEOPLE.—There are few things that go farther toward making the home attractive and pleasant to live in, than good pictures. They brighten the walls, often tell an interesting story, and always, in their selection, show something of the taste of the people who own them.

To put the work of really famous artists within the easy reach of a great number is a praiseworthy undertaking, and this is just what the Proctor & Gamble Company, the makers of Ivory Soap, are doing. Not content with the commonplace and cheap pictures that serve so many in the exploitation of their goods, this company has spared neither expense nor time to secure the best. It does not need the eye of an expert to appreciate the exceptional beauty of the copies of paintings and drawings that they are using, to keep their friends informed of their product. He who runs may read in these pictures the evidences of taste and knowledge in the selection of the artists, and appreciate the large sums that must have been expended for the original pictures they so successfully reproduce in colors. Such pictures as "Waiting for the Stage," by Percy Moran; "A Summer Girl," and "At Home," by Alice Barber Stephens; "A Pink Rose," by Leon Moran; "Ready for Battle," by Francis Day, and "Autumn Leaves," by W. Granville Smith, are the kind we are accustomed to see in the art galleries or occasionally in the pages of the leading magazines.

Old Ulcers, that have baffled the skill of physicians for years, will heal rapidly and satisfactorily by using applications of Sennine Powder. Sennine stimulates cellular activity and promotes granulations—has pronounced bactericidal power and desiccative action. Under the influence of this powder ulcers of all character readily cease sloughing and assume a healthy condition, secretions are diminished and healing facilitated. Common, healthy and unhealthy, indolent, irritable, sloughing, fungus, superficial and deep ulcers yield to this simple treatment when other procedures fail.

Sample and formula mailed on application to Dios Chemical Co., St. Louis.

SERUM IN TUBERCULOSIS.

Dr. A. M. Hayden, Surgeon St. Mary's Hospital, of Indiana, says: "I have obtained the very best results in eight cases out of ten." He reports case of a patient with immense cavity in the left lung, who seemed to lose ground for a month, but whose sputum showed tubercle bacilli were diminishing. In three months the bacilli disappeared. He had had hundreds of hemorrhages and could not get out of the house alone. The other lung has cleared up; the chest wall has contracted from the cavity, and he is at work and enjoying life.

Dr. Hayden reports another case whose condition was regarded as hopeless, and which gave such a favorable result with serum that all other measures were abandoned while using serum. He reports another case of tuberculosis of the liver which was entirely restored.

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The Midland Route Tourist Cars are upholstered sleeping cars and are supplied with all the accessories necessary to make the journey comfortable and pleasant, and the sleeping berth rate is but \$6.00 (for two persons) from Chicago to California.

Ask the nearest ticket agent for a tourist car "folder," giving complete information about the Midland Route, or address "Eastern Manager Midland Route," No. 95 Adams street, Chicago, Ill., or Robt. C. Jones, Traveling Passenger Agent, Cincinnati, O.

A GOLDEN ERA is the title of an illustrated pamphlet issued by the general passenger department of the Chicago, Milwaukee & St. Paul Railway on mining in Colorado, California, and other Western States.

KLONDYKE is an illustrated folder about Alaska and its gold mines, with rates of fare and information as to how to get there and what to expect after arrival. Both publications may be had free of expense by sending four (4) cents in stamps to pay postage to Geo. H. Heafford, General Passenger Agent, Chicago, Ill.

ORIGINAL COMMUNICATIONS.

THE EARLIER PERIOD OF REFORMED MEDICINE.

By Alexander Wilder, M. D., Newark, N. J.

THE historian, Thukydides, writes significantly concerning the exploits of the archaic Greeks: "It is impossible to speak with certainty of that which is so remote, but from all that we can really investigate, I should say that they were no very great things!"

There are many who, in language quite similar to this, are eager to dispose of the beginnings of American Reformed Medicine. Partisan reasoners and superficial thinkers are generally apt to adopt the action which soonest puts an end to inquiry. Whether it is just to do this they regard as a matter of comparative indifference. If an opprobrious epithet can be made to answer such a purpose, it will be used in such a case, however calumnious. Such has been the treatment which practitioners of the Reformed school have received, with malicious persecution and spoliation of goods superadded—not for wrong doing or professional unfitness, but because of not conforming to the standard of a technical orthodoxy. As all human movements are in circles, and toward points which have been already occupied, it is by no means improbable that what occurred three-fourths of a century ago may take place again. *Timeo Danaos et dona ferentes.*

The beginnings of Reformed medicine have been obscure, and in important respects without a chronicler. During the Colonial period in this country, the professions, except the clerical, were held in but moderate esteem. Much of the medicining was in the hands of sagacious women, and of men having a taste for the work. Here and there were men who enjoyed a reputation for successful treatment of the

sick ; and such men as Sweet, of Rhode Island, and Kittredge, of New Hampshire, won distinction for dexterity in operative surgery.

Even then, however, superior skill had its perils from jealousy and fashionable superstition. The first execution for witchcraft in New England was for this offense. We read in Governor Winthrop's "Journal," that Margaret Jones, of Charlestown, was the victim. She is described as a skillful practitioner, using simples for remedies, administering small doses, and effecting remarkable cures. She would also, when a patient was treated by other physicians according to the heroic methods in vogue, predict the unhappy results with almost absolute certainty. She had likewise an extraordinary magical or mesmeric power, exercising most wonderful influence by the touch of her hand. The records of her trial are not to be found, but the court records and deputies' records for May 18, 1648, contain an order respecting her and Thomas Jones, her husband, but as if with intentional silence, do not directly call them by name.

Goodwife Jones was brought to trial before the general court of Massachusetts Bay, consisting almost entirely of the original founders of the colony. There were sitting in judgment Gov. Winthrop himself, Lieut. Governor Thomas Dudley, John Endicott, Richard Bellingham, Richard Saltonstall, Increase Newell, Simon Bradstreet, William Hibbins, John Winthrop, jr., and William Pynchon. It was not charged that she bewitched any one, and none of the phenomena were witnessed which played such a part at Salem in 1692, such as spectres, fits, spasms, etc. The chief evidence against her was the alleged presence of "imps," that were perceived by "watching" her after the Hopkins method.* Her medicaments were regarded as magical.

The unfortunate woman was convicted, and she was hanged in Boston, June 16, 1648. It may be of interest to note that Elizabeth, the widow of William Hibbins, and sister of Governor Bellingham, was executed on a similar charge several years afterward, and that William Pynchon held an inquest for finding witches in Springfield. By some occult fatality, Nathaniel Hawthorne, himself a descendant of the Judge that presided at the bloody assize in Salem in 1692, has made these names indelible in two of his romances.

Nevertheless, botanic medication was held in high esteem by the common people in the English colonies, all through the eighteenth century. There were practitioners here and there, and the aboriginal inhabitants made known the procedures in use among them. Lobelia, the vapor bath, avens, unicorn, cohoe, valerian, mayflower, skullcap, and wintergreen, were well known. When Samuel Thomson first attempted to study medicine, Dr. Fuller, a Botanic physician, was unwilling to receive him because of his defective schooling. He, how-

* Matthew Hopkins served as Witchfinder General in England under James I. By his art a very large number, chiefly old women, were convicted and put to death.

ever, set up a practice on his own account in 1805, and continued it until his death, a period of about forty years.

It is necessary only to mention here, that his school, first known as the Thomsonian Botanic, presently departed from his requirements, and adopted many views to which he was opposed. Such, however, is the history of every enterprise. When a generation passes, those who succeed go into new paths. It is true with every religious faith, every political party, every school of philosophy. The followers of Thomson have lost sight of him. The school which he founded has adopted various titles, such as "Physiopathic," "Physio-Medical," and for a time, that of "Reform." The testimony must be given unqualifiedly in its behoof, that in the first invasion of Asiatic cholera, in 1832, when the common physicians failed utterly in treating it, Thomson and his disciples were successful to an unprecedented degree.

It will not be amiss to point out, as has formerly been done, an erroneous and most preposterous statement put forth by Dr. Eccles in Appleton's Cyclopedia, and repeated in the Encyclopedia Americana. It attributes the origin of the modern Eclectic school to Dr. Benjamin Thompson, of Concord, New Hampshire. There was such a man, the friend of the celebrated Senator Isaac Hill. But Samuel Thomson was in the field many years before, and Benjamin Thompson, though his disciple, was in no wise akin to him, as the different spelling of their names would suggest.

It should likewise be borne in mind that a distinction has always existed between the "Reform" school which originated with Samuel Thomson, and the "*American Reformed Practice*," which *did not*. There has been at times an intermingling, and even a complete union of societies, but for all that the two schools were never identical, nor was either the offshoot of the other. "Our system originated even before Thomson was known," says Dr. Thomas V. Morrow; "and during its progress it was gradually improved and developed without the least reference to his system, and for the most part without even the knowledge that such a system as the Thomsonian, or such a being as Samuel Thomson was in existence."†

To the Reformed Practice of Medicine there have been many beginnings. To every river there are numerous sources. As early as 1650, Nicholas Culpepper published a treatise on the medicinal plants that were indigenous in England. Culpepper was an alchemist or mystic, well versed in astrology, which was then taught in the schools as a branch of medical knowledge. He was familiar with the works of John Heydon, Elias Ashmole, Robert Fludd, and Thos. Vaughan. His treatise was several times reprinted, and became the text-book of a respectable class of Botanic practitioners. His descriptions, outside of the astrologic features, are so plain that any person of common

† Western Medical Reformer, 1836.

intelligence can employ the remedies with reasonable assurance of satisfactory results.

Dr. Thornton, of London, was a physician of this class, and practiced medicine for many years. One of his students, Dr. John B. Howell, emigrated to America in 1793, and made his home in Philadelphia. At that time Pennsylvania had no statute to regulate or restrict medical practice; and indeed, her Governor, many years later, withheld his sanction from such a measure, as unconstitutional and opposed to public policy. Medical botany was in favor, and Dr. Howell was able to effect the organization of the "Pennsylvania Associate Society of Botanic Physicians." He died in 1839, leaving his work to be continued by Dr. Thomas Cooke, a favorite student. Dr. Cooke undertook the enterprise with much energy. He published a semi-monthly medical journal, and was not long in bringing to his help other physicians of similar zeal, many of whom had been disciples of other teachers, or had been in the field as independent practitioners.

Another person abundantly worthy to be classed as a pioneer of the school of Reformed Medicine was Constantine Rafinesque. He had become deeply interested in the natural history of America, and finally emigrated hither in 1815. He was for a time professor of botany in Transylvania University, and spent many months in explorations in the South-west. He afterward made his residence in Philadelphia, where he wrote several scientific works of superior merit. His genius and learning were superciliously overlooked while he lived, but they finally elicited due acknowledgement at the hands of such men as Asa Gray and Louis Agassiz.

While sojourning with the Chickasaws and other aboriginal nations he observed carefully the remedial procedures with the sick, and learned the medicinal plants which were used. His impressions in favor of an indigenous vegetable materia medica became deepened into convictions. These views he set forth in two duodecimo volumes upon the Medical Flora of North America.

Rafinesque appears to have divined the advent of the new school of medicine. He was convinced to a certainty that the medical practice current in the fore part of the nineteenth century in no way fulfilled the conditions of a learned profession. Physicians were often illiterate and intolerant, and their brief routine of procedure destructive.

He pleaded accordingly for "a greater diffusion of acquired knowledge, aided by freedom of inquiry, liberal views, and mutual forbearance." He made a three-fold classification of physicians as Rationalists, Theorists, and Empirics. Among the last of these he included "Indian or root doctors, steam doctors, dealers in nostrums, prescribers of nostrums, marabuts, etc." The Theorists were described as often "ill-bred, intolerant, proud and conceited, employing few vegetable remedies," and "enlisting under the banner of a teacher or sect." In this class he named the followers of Brown, "chemicalists, calomelists, entomists, etc."

The Rationalists included three varieties: the Improvers, Eclectics and Experimentalists. We hardly see the propriety of placing these in separate categories. Rafinesque defines the Eclectics as "those who subject and adopt in practice whatever is found beneficial, and who change their prescriptions according to emergencies, circumstances, and acquired knowledge."

The stereotyped plates of the *Medical Flora* were afterward purchased by Dr. Cooke, and portions of the work were republished by him, in his journal, *The Botanic Medical Reformer*. Dr. Cooke conceived a strong liking at once for the designation thus explained by Rafinesque. His periodical was assailed somewhat captiously by the *Southern Botanic Reformer* as supporting "the American Practice of Dr. Wooster Beach and the doctrine of the Reformed College at Worthington." To this he replied that he had never supported one practice exclusively, adding: "We have expressly stated that *we were Eclectics*."

On the 10th day of October that same year, 1840, there was formed at Philadelphia "The Eclectic Botanic Medical Association of Pennsylvania," with Dr. Persius F. Sweet as President. The preamble set forth the objects to be organized activity, and the devising of means for the practical and theoretical instruction of students. A medical college was contemplated, but the expectation was not realized for ten years. Courses of lectures, however, were delivered.

Another pioneer was Elisha Smith, of New York. He began practice in 1815, in Genesee county, near the site of the city of Rochester. He soon found himself the object of social outlawry and a persecution almost as cruel as a French dragonnade. Such appears to be the trend of events directly after a war. Dr. Smith finally removed to the city of New York, and began a movement to arrest the hostile persecutions. He denounced the Ishmaelitic attitude of Botanic physicians toward each other, and insisted strenuously upon organization and more thorough medical instruction as necessary to existence as well as to professional usefulness. He succeeded in forming a State Botanic Medical Society, and published a work on the Practice of Medicine, which compares favorably with the medical publications then extant, of whatever school, both in matter and literary style. He died in 1830. His son, Dr. Isaac S. Smith, himself a graduate, continued the work, and established a medical college, which continued in operation till 1846.

Some years afterward, Dr. Calvin Newton entered the field in New England. He was a Baptist clergyman, and had occupied the chair of Hebrew and Rhetoric in the Theological Seminary at Waterville, Maine. He possessed rare energy, superior constructive talent, and a vigilant conscientiousness. Becoming a student in the Berkshire Medical College, he was profoundly impressed by the sentiments of the president, the late Dr. H. H. Childs. Governor Childs blamed "the want of principle displayed by the regular profession." He also

disapproved of the proscriptive medical legislation, and declared in express terms, that "the physician should be essentially Eclectic."

He explained the term as meaning "not only to cull, to select to adopt from all that is known, but to experiment, and to experiment on principle too, and to add to his armory new weapons for his daily warfare against disease."

Dr. Newton now conceived the purpose to establish a better practice of medicine under the title thus suggested. He became a member of the Massachusetts Medical Society, refusing to ally himself with Samuel Thomson, Alva Curtis, Wooster Beach, or any other leader. At that time there was little communication between individuals living in parts of the country distant from one another. Dr. Newton succeeded, however, in securing a correspondence with medical reformers in New England, and presently in establishing a college at Worcester. He began directly after graduating in medicine, and in January, 1846, commenced the publication of the *New England Medical Eclectic*. He learned, however, that the Reformed physicians of other States had adopted the coveted designation, and hastened to change the name of his proposed school of practice to Physiopathic. Dr. Curtis assailed him for his course, to which he replied, indicating Dr. Curtis and Dr. Beach: "Each of these gentlemen has had the means of knowing our position, and each seems equally offended that we do not call him *master*."

For some years Dr. Newton acted in connection with the Botanico-Medical College of Georgia. In 1852 he attended the annual meeting of the National Eclectic Medical Association, and was elected its President. From that time his affiliations continued with that body.

Another builder of the American School of Reformed Medicine, was Dr. Wooster Beach. It was his fortune to outlive his principal contemporaries in the work, and to secure the attendance of many of their followers. Dr. Beach was a many-sided man, and his aims extended over the field of religious philosophy, as well as medicine. The late Dr. James R. Wood, of Bellevue Hospital and College, who knew him familiarly, declared him to be one of the great men of the age.

Dr. Beach had adopted the belief asserted by Rush, Hamilton, and Gregory, that the medical practices in vogue were actually a curse to society. He conceived the purpose accordingly to endeavor to effect the necessary reform. Like Paracelsus, whom he somewhat resembled in originality of genius, he was eager to learn, and accepted instruction from every source, lofty or humble. Hearing of Dr. Jacob Tidd, a German physician in Hunterdon county, N. J., who was widely reputed for skill, he became his associate, and succeeded to his practice. Afterward, having been persuaded to remove to New York, he graduated at the medical department of the University, and became, as the law required and provided, a member of the New York County Medical Society.

Dr. Beach did not then aim to establish a routine system of his own, but to release investigating students from dependence upon the doctrines then taught, and to lead them to independent observation. Following the example of John Hunter, he opened an infirmary in Eldredge street in 1825, to which he afterward added a school for instruction. He depended upon clinic teaching to establish his ideas.

He found little sympathy, however, in his undertaking, except with the laity. There could be no success, he was compelled to admit, with men who make a trade of their knowledge. Reforms begin on the outside, and generally require new men, new literature and new institutions for their furtherance. It is as true as when it was first uttered, "that no man may sew a piece of new cloth to repair an old garment," or "put new wine into old receptacles," lest he destroy these and spill the wine.

Dr. Beach had been thus engaged for several years, when, in 1832, the first visitation of Asiatic cholera occurred in America. It was sweeping and very fatal, and the routine treatment with mercury increased the mortality. The Thomsonians, Benjamin Thompson, then of Boston, Alva Curtis, and their confreres, very generally cured their patients. An Alderman placed Dr. Beach in charge of the poor patients in the Tenth Ward of New York, and his success was also most gratifying.

He now became more widely known. He was busily occupied with his profession, and he had expanded his school into the "Reformed Medical College of New York." He had also established a national society, and was conducting a religious periodical.

A new school of medicine requires text-books of its own. Literature is a vital necessity. Dr. Beach engaged in the compilation of the necessary works. A medical dictionary, a treatise on physiology, and another on midwifery were prepared and published. In 1833, the *American Practice of Medicine* was also issued, and it became at once the standard text-book for Reformed physicians. It furnished a basis for medical and surgical practice that enabled them to cope with their rivals and adversaries.

Copies of this work were sent to the sovereigns and leading medical teachers of Europe. It met with approval among them all, and Dr. Beach was made a member of different medical and scientific bodies. At that time there was a general disquietude among intelligent physicians and in higher social circles, and many were desiring the development of a new medical practice to supersede the current methods. Sir John Forbes, afterward physician to the Prince Consort, was one of the number; also Sir James Clark, who was placed by Queen Victoria at the head of the staff of Royal physicians.

Rafinesque also signified his approval. "I belong, like yourself, to the Reformed Practice of Medicine," he wrote to Dr. Beach, "and I agree with you much better than with the Thomsonian, Homeopathic and Botanical empirics. Your system is a good one—better than most

of the fashionable systems, Galenian, Brunonian, or mineral. Your system of surgery appears both benign and safe, and much better than the old butchery system."

Meanwhile due attention was paid to the organizing of medical societies. Ever since the war with England, legislation of severe character had been hatched and foisted on the statute books. Conspiracy on the one side requires union on the other to defeat its ends. First of all, the "Reformed Medical Society of the State of New York" was organized at the village of Rochester in January, 1828. Its purpose was set forth to improve medical practice, encourage the use of herba-ceous remedies, diffuse knowledge among the people upon medical subjects, and undertake to secure the repeal of unjust laws restricting the practice of medicine. A medical journal was published under its auspices. Auxiliary medical societies were formed in different counties. The "New York Association of Botanic physicians," of which Elisha Smith was the leading spirit, has been elsewhere mentioned. There were likewise two associations formed, with very similar aims, each with the name of "Reformed Medical Association of Western New York."

In 1829, the "Reformed Medical Society of the United States" was formed in the city of New York, with Dr. Beach for President. The members were mostly young men of great enthusiasm. The project was submitted to establish a medical college in the valley of the Ohio. After correspondence and the necessary arrangements, Dr. Beach's colleagues, Thomas V. Morrow, John J. Steele, and Ichabod G. Jones were deputed to organize a medical department in the college at Worthington. An amendment was made to the charter, and the new institution began its operations in 1831.

For several years there was an exciting controversy between prominent Botanic physicians, the Thomsonian and Reform practitioners on the one side, and the champions of the Reformed school on the other. But in 1840 much of the partisan jealousy had died away. Dr. Thomson's influence had sensibly waned with his disciples, and rival organizations had been formed which disclaimed his absolute umpireship.

Dr. Morrow now began to contemplate a general union of all parties into one organization. He accordingly addressed a letter to Dr. Thomas Cooke, proposing a consultation of the friends of medical reform. In a later communication he submitted the project of a national Reformed medical institution for instruction. He proposed for this purpose a national committee, with sub-committees in the Congressional districts, to raise a fund of \$150,000. With this amount a medical university might be established, with accommodations for five hundred to a thousand students. To this institution a hospital or infirmary was to be attached; thereby affording opportunity for preliminary training in clinical practice, such as at that time was seldom attainable in the United States.

A plan was also submitted for organization and maintenance. Dr. Morrow likewise strenuously insisted that the professors should be men versed in every department of medical knowledge, and devotedly attached to the cause of Reformed and Botanic medicine.

To these propositions he received many hearty responses. The Association of Pennsylvania concurred by a unanimous vote. Dr. Alva Curtis, it was said, also regarded the project as feasible. There were, however, animosities still rankling which were hard to overcome. It may be that there were leaders and conductors of colleges who were jealous, and apprehended that the proposed institution might relegate them to a subordinate place. Such would, of course, hatch out some more plausible pretext.

At this period the iron blade of the wedge of disunion had been already inserted. Religious bodies were cleft asunder on geographic lines, and many of the Botanic practitioners in the Southern States were harboring an unwillingness to affiliate with Reformers in the North. They were possibly looking to political separation.

Whether these conjectures were correct, the refusal to Dr. Morrow's enterprise came from Georgia. Dr. Lanier Bankston, the principal founder of the Botanico-Medical College at Forsyth, addressed a letter to Dr. Curtis, fiercely denouncing the proposition. He attempted to screen his rancor in a very common way, by impugning the motives which inspired Dr. Morrow. It was a desire, he said, to waft "a falling fraternity upon the tide of a rising system." Graduates of the Worthington college, he asserted, used the lancet and calomel more than physicians of the old school. He utterly refused to have anything to do with Dr. Morrow, and added this ultimatum: "I am sure that the Thomsonian fraternity in general wants nothing to do with him until he shall adopt their leading principles of medicine."

To this unfriendly declaration and its imperious assumptions, Dr. Morrow made a dignified reply. He denied the imputation against the students of the institution at Worthington, and challenged the right of Dr. Bankston to speak for the great body of Thomsonian practitioners. But, he added, it is useless to propose any one system of medical reform exclusively for indiscriminate adoption. Those who wished to promote the leading interests of the common cause must be willing to adopt all improvements, whatever the source from which they might come. For these purposes and on these principles, he added, he advocated the union of all medical reformers, and he would not consent to a union on any other grounds.

Thus a plan for united action that might have placed the Reform cause on an impregnable basis, assured it against the assaults of its enemies, and given it an exalted position before the civilized world as a beneficial and scientific enterprise, was contumaciously rejected. Ten years later an endeavor was made in New York and Baltimore to formulate a common platform for the several parties, but it failed of ultimate success.

Dr. Morrow continued his labors in Ohio, but under disheartening circumstances. Compelled to abandon the enterprise at Worthington, he removed to Cincinnati. He found there the "Reformed Medical School," and continued its operations for three years. He was too earnest and resolute to be foiled by discouragements. The memorable session with a solitary student is historic, and its record a classic.

He soon found friends who appreciated his character, ability, and professional skill. He died before he had accomplished all that he had contemplated; yet what was effected was vastly beyond what most men would dare hope. What a few years more of life would have enabled him to achieve, is a matter of surmise. We have good reason, however, to believe that he would have fulfilled all that he was so nobly ambitious to undertake.

THE LAST INCH.

By W. F. Curryer, M. D., Indianapolis, Ind.

THE rectum is that portion of the great bowel extending from the left sacro-iliac symphysis downward to the anus. The anus is the terminal orifice or flood-gate of the alimentary canal, including the mucous membrane, muscles, nerves, vessels, and integument.

The length of the rectum in the living is from six to seven inches, but when examined after death in the relaxed state, it is found to be greater. Its inside measurement is about one and one-half inches in diameter when moderately distended, but may be enlarged to a much greater size. In disease it may be contracted to a fraction of an inch, or to complete occlusion.

The direction of the rectum in its main follows the course of the sacrum, being deeply concave in front, and not straight as taught by the ancients. At the lower border of the prostate, its anterior concavity ceases, and the canal turns abruptly downward and backward, giving to that point a concavity behind. The anatomical parts involved in the structure of the rectum are the peritoneal, muscular, and mucous coats, the connective tissue, arteries, veins, lymphatics and nerves.

The sphincter muscles surround the anus, and in the contracted state close the canal. The internal and external sphincters are about one inch apart, the space between and including these muscles is sometimes called the last third or inch of the rectum, which, with its nerves and vessels, is held in the grasp of these circular or sphincter muscles. It is this "last inch" to which we desire to call your special attention, as it is so often involved in disease, and so productive of systemic disturbance and derangement.

The arteries supplying the rectum and anus consist of three pairs, viz., the superior hemorrhoidal, which arise from the superior mesenteric, the middle hemorrhoidal which have a variable origin, and the inferior hemorrhoidal, which spring from the internal pubic. They

are all freely connected by anastomosis. Those ramifying above the edges of the anus form an abundant net-work between the mucous membrane and muscular coat. Cutting operations in this part are liable to bleed dangerously unless properly and promptly secured.

The veins constitute a complete net-work under the mucous membrane and skin, extending the whole length of the organ: they inosculate freely with each other. Those outside the verge join together to make the internal hemorrhoidal veins, and terminate in the internal pudic trunks. Those in the anus proper combine into the middle hemorrhoidal veins, which send their blood to the internal iliac trunks. The superior hemorrhoidal veins arise from numerous minute blood-sacs, quite variable in size, but averaging about $\frac{3}{16}$ of an inch in diameter when injected, which lie under the mucous membrane a little above the anus.

The rectum and anus are bountifully supplied with nerves, both from the sympathetic and spinal systems. The spinal supply predominates up to a little above the verge of the anus, but as we trace the rectum upward for an inch, in the locality of the internal sphincter the mucous membrane is almost wholly unprovided with cerebro-spinal filaments, and is therefore capable of undergoing extensive degenerative changes, often without the least affecting the consciousness of the patient. The sympathetic nervous system sends some filaments into the anus, but are abundant near the internal sphincter and upward. Three inches above the anus the sense of touch in the healthy or normal bowel is almost absent, while at the verge itself we have one of the most acutely sensitive surfaces in the whole body. The spinal trunks come principally from the sacral plexus.

The supply to the rectum from both systems of nerves is very complicated. The reflexes, therefore, from the rectum and anus are very numerous and energetic, causing many of the most complicated and enigmatic manifestations of disease, and many mistakes are made as to the real origin of the patient's malady, unless the great sympathetic nervous system is included in the investigation.

The internal sphincter muscle of the rectum is composed of involuntary muscular fibers, and is consequently supplied by the sympathetic nervous system; while the external one is composed of voluntary fibers, and is under the control of the cerebro-spinal. This is true of the rectum, and is also true of the male and female urethra.

Anything that will cause irritation of the nerves of the lower part of the rectum, will produce contraction of the sphincters (as they respond to irritation); and this contraction makes undue pressure upon the sensitive nerves held within the powerful grasp of this circular muscle. The muscular spasm may be somewhat intermittent, as the nervous force is exhausted and renewed again and again. This continued nerve impingement and contraction is frequently productive of constipation, hemorrhoids, proctitis, fissure or prolapsus, fistula, and possibly cancer.

It is maintained by some of our most able writers and operators, that irritation of an organ begins at its mouth. The continued irritation and pressure upon the sensitive and life giving nervous system indicates spasm of the sphincters guarding the parts, which either continues sympathetically affecting other parts of the involuntary muscular system, and persistently depriving the nervous system of its power and vitality, until the whole struggle ends in death, or tiring out in the continued and hopeless muscular grasp, finally relaxes into paralysis.

Aside from this general view of irritation upon the parts locally, and its effects upon all forms of chronic disease, there is still a broader view of the matter under consideration worthy of our most careful attention. It is the reflex effect of these local irritations upon the general system in the production of organic disease. The constant fretting of a part and the provoked vicarious action will in time grow an organic lesion which will, sooner or later, demand our special attention.

While we may not have heretofore fully recognized the great importance of this subject, yet under the light of recent experience we are brought to believe "the half has not been told." When we fully understand the importance of protecting from injury and annoyance our "twin sister," the great sympathetic nervous system, then we, as the guardians of the human race, will more carefully and promptly heed her cry, and quickly endeavor to soothe her sorrows.

Reflex irritation, then, is of much more common occurrence than is generally recognized. While we have perhaps been in the habit of saying, "it is reflex in origin," yet our minds perhaps did not comprehend the source as fully as we feel we do now. We try to think along straight lines, we examine all irritated parts, and especially the lower orifices, "the last inch," and if we find the latter filled with inflammation, hemorrhoids, ulceration, or even enlarged or irritated papillæ, pockets, or fissures, we think there is cause enough to account for general ill health—dyspepsia, headaches, nervous weakness, exhaustion, possibly convulsions, and almost the whole train of morbid phenomena which so often make and continue a life of misery.

What, then, is the course of the reasonable and progressive minded physician? Surely it is not simple and continued drugging and searching for specifics or similars on and on indefinitely—surely not; but it is the removal of these local causes of nerve irritation and impingement, reflex congestions, and other morbid phenomena; clearing away the causes of local spasm, smoothing the surfaces, correcting all morbid conditions, and putting the parts at ease, thereby resting the whole nervous system; and when the needed rest is secured, there comes a renewal of the whole organism, the exhausted and tired body gets quiet, repose, and in time awakens to renewed life and vigor.

Every organ of the body is constantly undergoing molecular death. Every movement, every exertion, even thought itself, produces waste of all vitality. The organism, to maintain its integrity, must be constantly renewed, must be born again, under the same or better conditions. It is true that irritation at any point supplied by either nervous system can be so severe and continued as to affect the general nutrition and repair of the entire organism.

In the sphere of the cerebro-spinal system, a foreign body in the eye, a fractured limb or an abscess; in that of the sympathetic system, a foreign body in the urinary cyst, the uterus, bowel or bronchiæ, can for a time cause derangement of the blood current, and thereby the nutrition and renewal of the whole body. When these troublesome conditions are removed, the system is free from the local disturbances and nerve impingement, the normal functions are restored, the body renewed, and harmonious action again prevails.

We think it a demonstrated fact, that irritation of the lower orifices exercises a strong influence over the whole body, which can not be said with equal force of irritation in any other part of the whole body.

Anæsthetics do not fully control the sensibility of the sympathetic nerve at the internal sphincter, while the knife of the surgeon may play with impunity upon other parts of the body. The dilatation of the circular fibers supplied with the sympathetic nerves will always produce more or less effect upon the organs of respiration and circulation. To dilate the external rectal sphincter under an anæsthêtic has no appreciable effect on those organs, while if the speculum is passed up into the internal sphincter and opened forcibly and quickly, it will cause the patient to gasp, and he will be unable to continue breathing while the stretching is maintained. The heart's action will grow feeble, and if the distension is continued too long, syncope or death may result. After such an operation, it is observed that the capillaries immediately become universally flushed, the hands and feet grow warm, the face red, with an increased amount of blood in the vessels of the skin everywhere; and the whole capillary system is strongly flushed, thus unloading local congestions, and restoring the normal circulation. The forcible dilatation of the sphincters surrounding the lower orifices of the body, has been demonstrated to be a blood equalizer of prime importance. Any remedy or means that will unload congested parts, and fill the capillaries of the anemic and starved portions of the body, is certainly worthy of our respectful attention.

In all forms of chronic disease the lower orifices of the body should have a careful inspection, and if diseased, the same should be corrected by the appropriate treatment. For the bowel the remedy may simply be the treatment of constipation, or it may be the removal of rectal pockets, enlarged and inflamed papillæ, the curetting and treatment of ulcers and fissures, and the removal in a proper manner of hemorrhoidal tumors, etc.

Should proctitis or stenosis prevail, it should have the necessary treatment, and the impinged and suffering nerves should be released from pressure; the parts should be put to rest, when the whole body will take on a renewal of life, and in time again enjoy the blessing of health. We could give numerous cases exemplifying the truth of this philosophy, yet we feel the reader will be satisfied with the general statement of the facts.

In regard to surgical interference in these cases, it has been our custom to operate while the patient is under the influence of an anæsthetic, yet it has been our misfortune to meet a few cases where an operation was necessary and the patient was unable or unwilling to take the anæsthetic, yet anxious for the operation. We were compelled to either let the patient continue in his misery or resort to other benumbing remedies. Whisky has been used by some operators with success. The remedy is to be taken on an empty stomach, and given every twenty minutes until the intoxicating effect is produced, when the operation can be made. Dr. Joseph M. Mathews, of Louisville, Ky., has given quite a report of his work while his patients were under the influence of the "Kentucky standard."

Cocaine has perhaps the most ardent advocates aside from chloroform and ether, yet it is a remedy by no means free from danger. The mortality following the use of a four or even two-per-cent. solution has been too pronounced to be lightly passed by. The divulsing of the rectal sphincters for operative procedures, or even for careful examination, is often so painful that the remedy used to control pain must be pushed to such an extent that with cocaine its toxic effect is often obtained before the operator can complete his work.

It was the writer's unpleasant experience to have a case of cocaine poisoning from fifteen drops of a four per-cent solution dropped upon a pledget of cotton and placed in the vagina of a patient for ten minutes and then removed. The operation was performed without pain or any untoward symptoms. When all was over, and we were congratulating ourselves with the happy termination of a very aggravated case, the patient suddenly swooned away, the pulse ran down, respiration grew slow, pupils dilated, and she seemed dying; but after the use of powerful stimulants, electricity, friction, flagellation, exercise, etc., all diligently applied, we were pleased to see the patient restored to consciousness, which, however, only lasted a few minutes, when she again swooned away. This swooning and gradually regaining consciousness was often repeated for nearly four hours, when, to our extreme satisfaction, the patient was able to take a cab for home.

We will not discuss the moral aspect of the case in regard to whisky, yet we are inclined to give it preference over cocaine when it becomes necessary to use either.

Our favorite anæsthetic in ordinary cases is the one known as the A. C. E. mixture, yet in some cases the pain is so pronounced that nothing will control the case except chloroform or ether.

It is our opinion after numerous operations in our own hands, and the witnessing of many cases in the hands of others, that there is less danger from anæsthetics and benumbing remedies of all kinds when operating upon the rectum than elsewhere. Our ability to shock the system by the divulsing of the sphincters, to promote deep inspirations, and to equalize the circulation, is to hold the patient to life, when otherwise death might ensue. There are a number of cases on record where patients had apparently become moribund, when, by quickly divulsing the rectal sphincters, thus shocking the nervous system, the patient gave a gasp, and by following these shocks they were provoked to life again.

We know there is much adverse criticism in regard to this theory of treating many diseases. Some persons feign to believe it to be a myth or a fad without merit. To those we would say, investigate; experience and observation are the only true roads to knowledge. Some may object from purely æsthetic notions. To those we would say, you are not fitted for the trying ordeals of the true physician. The man or woman of science should not object to or neglect any means when human life and comfort is held in the balance, but act promptly, and give to your patients every chance for health and life.

MEDICAL JURISPRUDENCE.—DR. WELLS' CASE.

By D. Clotts, M. D., Gehanna, O.

THE case of the man who was struck with bottles and burned with sulphuric acid, reported in this Journal for January, 1898, by Dr. Wells, of Vanceburg, Ky., is very interesting from a medico-legal point of view. The doctor asks the two important questions: First, was the proper treatment followed? second, was it correct to attribute death to the combined effect of the blows and the acid?

Medical or surgical treatment, as to its effects, may be of three kinds: It may be positively injurious; it may be negative, that is, have no effect at all, either to relieve the condition treated or to make it worse; or it may be of a kind which experience has shown to be effective in relieving similar conditions. It is not the intention to criticise the treatment adopted by Dr. Wells, nor intimate that any thing better could possibly have been done. It may, however, be remarked, that in medico-legal cases resulting in death, and in which medical or surgical assistance has been given, two questions arise in reference to treatment: First, was the treatment injurious, or did it cause the fatal termination? Second, if it was not injurious, and had the negative merit of not killing the patient, was it the ordinary treatment applied by practitioners of the school of medicine to which the attending physician belongs? If the physician or surgeon can not answer these questions satisfactorily, he may have difficulty in convincing a court and jury that he did not himself cause death, or at

least permit his patient to die by default. At any rate, the lawyers for the defense will be quick to take this view of the matter, and attribute the situation of the "unhappy prisoner at the bar" to the ignorance or negligence of the physician or surgeon who had the misfortune to treat the injured person. The defendant's counsel will contend that, had the injured person been properly treated, death would not have resulted, and that what under the circumstances is alleged to be murder, would, if the medical attendant had done his duty, have been a case of assault and battery, or other crime inferior to murder, depending upon the particular facts and the law of the place where the crime occurred. Consequently in the treating of injuries which give rise to cases that are ultimately carried into the courts, the attending physician must be prepared to show that his treatment has been correct according to the teachings of the school of medicine to which he belongs. If there are no sectarian differences in the methods of managing the case, then he must adopt the generally accepted treatment.

The question as to what caused death in the case reported is not easily answered. From the data it seems impossible to answer it at all in a definite manner. Of course, it may be urged that if the man had not been struck with the bottles he would not have died at the time he did, but is *that* a certainty? No post mortem examination being reported, what is there to exclude rupture of the heart or of an aneurism, or the occurrence of a meningeal or cerebral hemorrhage independently of the wounds or the action of the acid? The sudden death of persons apparently in robust health is an every day occurrence, and how could it have been proved not to have happened here? Just in one way, and that by a post mortem examination—an examination so thorough that every lesion which could have caused the fatal result would have been excluded and left nothing to account for death except the injuries inflicted by the criminal. If all the injuries were caused by one individual, it would then matter but little which of them or whether all combined had proved fatal; the guilt of the accused could be established in either case.

It is not enough for the prosecution to show, in an indefinite way, that a wound was inflicted and death followed, but it must be proved that the wound caused death. Especially is this true when the medical attendant himself is in doubt as to the real cause of the unfortunate termination. The fact that Dr. Wells attributed death to the combined effect of the blows and the injury done by the acid, creates the impression that he did not think either one alone sufficient to account for death following so soon. If none of the injuries, taken by itself, was extensive enough to be considered mortal, the next question is, were all taken together? This question could only have been answered by exclusion. If a post mortem examination had revealed no other lesions which could have caused death, then, and then only, would a medical witness be justified in swearing that the injuries

had caused death. It would be immaterial then, whether the wounds were slight or severe, the fatal result could be attributed to them with a moral certainty.

The doctrine that several injuries may prove fatal when neither one alone would do so, is correct, but is not readily applied unless a complete autopsy has been made with a negative result. It would be unreasonable to expect that in every case of death from violence or maltreatment there must be some specific and visible mortal injury to account for this event. Shock is sometimes a direct cause of death, under the infliction of external violence. Persons have died in railway collisions from no physical injury at all, but from pure shock to the system. In a collision occurring in 1873, a Mrs. Coble was among the dead. In this case the post mortem examination revealed neither external nor internal violence.

A person may have received many injuries, not one of which taken alone could, in medical language, be termed mortal; and yet he may die directly from the effects of the violence, either on the spot or very soon afterward. It is a well established medical fact, that a number of injuries, each comparatively slight, are as capable of operating fatally as any single wound whereby some blood-vessels or organ important to life, is directly affected. This point is illustrated by the following cases:

In *Reg. v. Sloane* and others, it was proved that deceased had sustained severe injuries to the abdomen by kicks and other violence, but there were no marks or bruises. On a post mortem examination all the organs were healthy, nevertheless death took place twenty minutes after the maltreatment. Death was attributed to shock, and the prisoners were convicted of murder.

The second case is known as *Reg. v. McGouran* and others. Three men were charged with murder of the deceased. It was proved that he had been maltreated by kicking and by blows inflicted with heavy stones. He died in four days, obviously from the effects of the violence. The medical evidence showed that the nasal bones were much fractured as by a blow from a heavy stone, and that there was fractures of one clavicle and several ribs. The witness assigned the cause of death to shock to the system from the number of injuries received and the inflammation set up by them. The whole of the injuries, in his opinion, combined to cause death. The prisoners were convicted.

In Dr. Wells' case, the wounds resulting from the blows were not fatal unless connected with some unknown intra-cranial injury. Four or five cuts such as those described are common in saloon fights, and seldom result seriously. They would not have proved fatal unless a meningeal or cerebral hemorrhage was connected with them. When considering injuries of the head, it must be borne in mind that fragments may be broken from the inner table of the skull and wound either the meninges or the brain itself, while the outer table remains unbroken. The force of a blow may also rupture the meningeal arte-

ries, without fracturing the skull at all. If small branches of these arteries are ruptured, it requires some time before enough blood will escape to cause serious symptoms; several hours is not an uncommon length of time, and days have elapsed in some cases.

In injuries of the head, as well as of other parts of the body, it is seldom possible to predict from external appearances the degree of mischief that has been produced within. Wounds of the head are also capricious in their after effects. The slightest contusion may be attended with fatal consequences, while fractures accompanied by great depression of bone, and an absolute loss of substance of the brain, are sometimes followed by perfect recovery. If an autopsy had been made in Dr. Wells' case, any injury to the skull or its contents would have been demonstrated. If there had been a large hemorrhage into the brain or its coverings, it would have accounted for death irrespective of the action of the acid. On the other hand, if there was no damage done to the skull or its contents, the inference would naturally be that the blows contributed but slightly to the fatal result.

The injury done by the oil of vitriol to the scalp, face, and neck, was severe, but it alone was not necessarily fatal, especially in so short a time. A few years since, one convict in the Ohio Penitentiary poured sulphuric acid into the eyes and face of another. The unfortunate victim had his face severely burned and one eye destroyed, but he escaped with his life, though badly scarred and partially blind.

In the case reported by Dr. Wells, the amount of acid swallowed was not sufficient to cause death. The smallest quantity recorded as having resulted fatally is in a case in which half a teaspoonful of concentrated sulphuric acid was given to a child a year old by mistake for castor oil. The child died in twenty-five hours. Whether or not the swallowing of ten or fifteen drops of sulphuric acid, together with the burns of scalp, face, and neck, would have resulted fatally in the absence of other injuries, can not be decided from the facts given. In cases of poisoning by this acid, as they usually occur, the corrosive action of the lethal agent is spent principally in the œsophagus and stomach—organs, injuries to which are much more likely to prove rapidly fatal than injuries of the same extent to scalp and face. It may be interesting to examine a few cases of sulphuric acid poisoning in reference to the fatal dose, the length of time the person lived after taking it, and the damage done to the various organs.

A hat manufacturer, aged 30 years, arose early and took in the dark "a good drink of sulphurous acid." Milk and soapy water were administered, vomiting took place several times, but death occurred within two hours. At the post mortem it was found that the whole tongue, from the extreme point backward, was sphacelated, and its mucous membrane completely separated in places. Externally the œsophagus displayed nothing abnormal; internally, however, it, as well as the fauces, was of a grayish-black color. The stomach was, externally as well as internally, of a coal-black color, and so macer-

ated and brittle that simply drawing it forward with the forceps tore it like wet blotting paper. The great omentum was also for the most part carbonized. This was due to the direct action of the acid which had penetrated the walls of the stomach. The duodenum and the commencement of the jejunum displayed only a blackish gray discoloration. The abdominal organs not mentioned above were normal. From the chemical analysis instituted it appeared that about three drachms of anhydrous sulphuric acid had been taken. This case shows how the corrosive action extends through one organ into another. The acid that damaged the great omentum had gone through the walls of the stomach.

Casper reports the case of a girl aged 20, who was poisoned with sulphuric acid by her lover. The girl stated that she had drank two tablespoonfuls of acid. The man, who also attempted to poison himself, took somewhat less, but immediately spat it out, and was restored to health. The girl died after five days treatment in a hospital, during which time she got magnesia usta, and had leeches applied to her neck and to the upper part of her abdomen. The post mortem examination showed that the tongue was perfectly normal; evidently it had become so during the course of the illness. The pharynx and œsophagus were gray but firm; the stomach was empty, black, and at its greater curvature very friable. There was general anæmia. The blood was of a dark, cherry-red color, treacly consistence, and acid re-action. In this case, though two tablespoonfuls of acid were taken, and its action was spent on such an important organ as the stomach, yet life was prolonged five days. It would not be unreasonable, then, to expect that when the acid acted on the scalp, and on the skin of the face and neck, it would require a still longer time to prove fatal, if it did so at all.

It would have been interesting to know how deep the effect of the acid penetrated in Dr. Wells' case. If an autopsy had demonstrated that the acid caused death, it would only have been by showing that its action had extended to a greater depth, and affected organs other than what would have been suspected from external appearances. If death was caused by shock, a post mortem would not have shown whether that event was to be attributed to the effect of the acid, the blows, or a combination of the two.

In all such cases the medical witness should not only be prepared to show that there were wounds or injuries which might have caused death, but also that there was nothing else to which the end of life could be ascribed. The truth of this statement is amply illustrated by the criminal history of every civilized country. Many a criminal has gone unpunished because the medical witness could not testify positively what had been the cause of death, thus giving the defendant's counsel an opportunity to create a "reasonable doubt" in the minds of the jurors. This has not only happened where there was no autopsy, but also where there was an incomplete one made. A no-

table instance of this occurred in the case of Mrs. E. G. Wharton, who was charged with poisoning General Ketchum. Some of the medical witnesses ascribed the symptoms to cerebro spinal meningitis. The spinal cord had not been examined, and consequently it was impossible to prove that the disease named was not the cause of death. The prosecution failed.

Another celebrated case in which there was an incomplete autopsy, was that of Dr. Paul Schoeppe, charged with poisoning Miss Steinnecke. The prosecution endeavored to sustain the charge of poisoning with prussic acid, while the defense attributed the death of Miss Steinnecke to uræmic poisoning and apoplexy. The kidneys and other important organs had been entirely overlooked in the post mortem examination. In this case, also, the prosecution failed.

If, in either of these cases, a *complete* autopsy had been made, and appearances characteristic of disease found, the person charged with crime would have escaped accusation and been spared the ordeal of a trial. The State would have avoided the expense, and not have engaged in the humiliating business of prosecuting an innocent person.

The fact that no autopsy is made in many medico-legal cases, is not the fault of the medical practitioner who is called in his professional capacity to give the patient medical or surgical treatment. The State is at fault because it does not have an efficient system of laws providing for the making of post mortem examinations and the securing of medical evidence in criminal cases. In many places, if a coroner holds an inquest on one case where death happened to be due to natural causes, there is a great popular outcry against the unnecessary expense; yet this very expense may have prevented an innocent person from being charged with murder. One unnecessary criminal trial costs the State many times more than a coroner's inquest, even when so conducted that it is an inquest in fact as well as in name.

BIOGRAPHICAL SKETCH OF THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE, 1852 to 1856.

By Prof. Edwin Freeman, M. D., Cincinnati, O.

THIS group of the Faculty of the E. M. Institute is reproduced from a Daguerreotype taken in the winter of 1852. One member of the Faculty (Prof. Z. Freeman) is not represented in the group, being away from the city at the time. The group consists of Profs. Buchanan, Newton, King, Sherwood, Bickley, and Hoyt. In 1853, the changes made put Jos. R. Buchanan, M. D., in the chair of Physiology and Institutes of Medicine; Robert S. Newton, M. D., in Medical Practice and Pathology; John King, M. D., in Obstetrics and Diseases of Women and Children; Wm. Sherwood, M. D., in Special and Pathological Anatomy; G. W. L. Bickley, M. D., in Materia Medica, Therapeutics, and Medical Botany; J. W. Hoyt, M. D., in

Chemistry, Pharmacy, and Medical Jurisprudence; Z. Freeman, M. D., in Operative Surgery and Surgical Practice. When the writer began his medical course in the winter session of 1854, these men occupied the same chairs respectively.

King.	Buchanan.	Sherwood.
Hoyt.	Newton.	Bickley.

Prof. Buchanan is remembered as being a polished speaker, with full command of language, and a thorough knowledge of his subject. In discussing the subjects embraced in physiology, he was always very interesting. He was especially brilliant when cerebral physiology was the subject. He had made many experiments to find out the relation of the brain to the body, and had made discoveries in that line. He mapped out the head with the various organs of the mind, after the manner of Gall, and also partitioned the surface of the body into spaces corresponding to those organs. This he called anthropology, a so-called science which was his discovery. On this subject he could become eloquent, and could create considerable enthusiasm among some of the students. He was the senior member of the faculty and the dean, and yet he was comparatively young. His temperament was bilious-encephalic (nervous). His manner was reserved, yet pleasant and self composed. He had the chair of Physiology from 1846 to 1850, Chemistry from 1850 to 1851, and Physiology from 1851 to 1856.

Prof. R. S. Newton was a man of large frame, and of quadruple temperament. He was more a man of affairs, was genial, with a manner of one accustomed to lead; had a good general grasp of the subject in hand, and could make a good impression on his audience. He had already established a reputation as physician and surgeon, and had a private hospital known as Newton's Clinical Institute, which was an adjunct of the Eclectic Medical Institute, inasmuch as the students, when they matriculated, took out a ticket to the clinic, which

was paid for separately. Many old graduates will remember Newton's Clinic. He was at that time treasurer of the college, and matriculation was done at his office. Prof. Newton had the chair of Surgery from 1852 to 1853, Medical Practice and Pathology from 1853 to 1857, and Surgery from 1857 to 1858.

Those two men, Prof. Buchanan thinking that he should remain, as he had always been, the principal personage in the faculty, and the other, Prof. Newton, coming naturally into conspicuous prominence by his manner and business relations, ultimately came into conflict with each other, creating a crisis in the affairs of the college in the spring session of 1856, the writer's last college term.

Prof. John King, as remembered in the lecture room in the winter session of 1854, was a man of middle age, of medium height, fair complexion, with dark hair and of sanguine-bilious-lymphatic temperament. He was concise in the elucidation of his subject, avoided a display of flowery language, and was fond of occasionally relating an amusing anecdote. He was, however, an excellent teacher, as his students will all testify. Outside of the lecture hall, as well as inside, he was heartily genial and approachable. He was not in general practice, but could be seen and consulted at his office, where he was mostly engaged in writing his voluminous medical works. Prof. King had the chair of Obstetrics and Diseases of Women and Children from 1851 to 1856 and from 1860 to 1890.

Prof. Wm. Sherwood is remembered as a man of middle age, of large size and well proportioned and of bilious-lymphatic temperament. His manners were pleasant, but at times quite abrupt. He had a slight stammer in his voice, which was also a little harsh, and this interfered much with his acceptability as a lecturer, especially as anatomy was considered by many students as a dry subject. He was a good anatomist, and succeeded in imparting his knowledge to the students, if they would lend a listening ear. He had the chair of Anatomy from 1852 to 1856.

Prof. G. W. L. Bickley was distinguished for his ability as an orator as well as an instructor. In the latter capacity he was a capable teacher in botany and materia medica, and later in physiology, while in the former he could hold his audience with him from the beginning to the termination of a public lecture, and hence he was in much demand on public occasions connected with the college. He was a little above the medium height, slender, of dark complexion, and of bilious-encephalic [nervous] temperament. He occupied the chair of Materia Medica, Therapeutics and Medical Botany from 1852 to 1854, and of Physiology from 1856 to 1859.

Prof. J. W. Hoyt was rather younger than the others of the group. His temperament was sanguine bilious lymphatic. His complexion was fair, his features bright and mobile, and he was above medium size. He knew his subject well, and tried to make the students interested in what they very generally considered a dry subject. His en-

thusiasm and command of flowery language would lead him to occasional outbursts of oratory not usually associated with a subject which is so full of dry detail. He occupied the chair of Chemistry, Pharmacy, and Toxicology from 1852 to 1853, and to 1856 included Medical Jurisprudence.

ECLECTICISM.

By E. E. Bechtel, M. D., Monroeville, O.

Out from the darkness, out from the maze,
From the chaos, confusion, of barbarous ways;
Out from America's verdant shore,
Awaking the seekers of medical lore,
A ray of light appeared.

Glowing with splendor, with magical power,
Dispersing the shadows, a heavenly shower,
Which nourished the truth, leveled wrong to the dust,
Absorbing crude dogmas, left the lancet to rust,
And dissolved hydrargyrum chloridum mite.

Time speeds on its way, and this light of truth,
This heaven-brought blessing, this fountain of youth,
O'erflowing with grandeur, shines over the way,
From the east to the west, turning night into day,
And shall ever grow brighter and brighter.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

RODENT ULCER.

“(*Rodo*, to grow), Jacob's ulcer, *ulcus excedens*, *noli me tangere*, a cancerous ulceration of the skin, generally held to be a form of epithelioma, occurring usually on the eyelid or side of the nose.”

Rodent ulcer usually begins with a small wart or excrescence at the inner canthus of the eye, over the location of the lachrymal bone. Upon removal of the scab or crust the ulcer is seen clearly defined, with hard edges and the surrounding tissue perfectly healthy. The disease is one of after life, being rarely seen before forty years of age. It is remarkably slow in its course, sometimes taking fifteen years before the ball and contents of the orbit are destroyed. The disease even does not stop at this, many times eating away the bones of the face and of the orbit. An unusual feature is that the lymphatics are not enlarged, and while of a malignant nature, the disease is apparently local.

TREATMENT.—Most authors agree upon thorough surgical measures by the use of the knife, although, on account of the location and of the nature of the ulcer, this mode may well be questioned. I have seen a case recover nicely under chloride of zinc paste and escatol, applied regularly and of proper strength.

CARCINOMA OF THE EYE LID, COMMONLY CALLED RODENT ULCER.

HIGHLY MAGNIFIED SECTION.

Bergeon's treatment must always be mentioned in connection with rodent ulcer. It consists in curetting the entire surface of the ulcer, if necessary, followed by keeping the surface wet with a saturated solution of chlorate of potash night and day, indefinitely, until all ulcerative signs cease. Internally the administration of the same drug in three to five grain doses three times a day.

The local application of chlorate of potash has the advantage of producing no pain, as well as being perfectly harmless to the new forming epithelium, as well as to the sensitive tissues of the eye. This method is well spoken of by all.

ABUSE OF THE NASAL DOUCHE.

Dr. Lichtwitz has an article on this subject in the *Medical Week* for Nov. 20. He speaks of the very common practice of douching the nose for its every apparent ill, without first examining to know if douching is indicated. He says: "It has been prescribed by general practitioners to every patient who complains of having to blow his

nose too often ; to every one who has a feeling of the nose being stopped up, and for the relief of genuine obstruction of this organ, though it be a deflected septum or new growth in the nasal cavity." These remarks apply with equal force to the abusive employment of the retro-nasal douche.

Aside from the inadequacy of universal douching, its disappointing and depressing effect upon hopeful patients, there are dangers that attend its misuse. Liquids charged with carbolic acid, alum, zinc salts, etc., even in weak solutions, are highly injurious. Pure water is badly borne.

The only harmless liquids, as shown by Aronsohn, are those formed by the physiological solution of sodium chloride (0.73 per cent.) of sodium bicarbonate (1.46 per cent.), of sodium sulphide (2.92 per cent.) etc., and even these solutions become injurious when much weaker or stronger than this.

Cataract.

Cataract is an opacity of the lens, its capsule, or both. The different varieties of cataract have been classified as follows :

1. With reference to the age of the patient, as senile, juvenile, and congenital.
2. With reference to their consistency, as hard or soft.
3. With reference to their cause, as traumatic, idiopathic, diabetic.
4. With reference to the stage of development, as incipient, mature, and hypermature.
5. With reference to the extent, as complete and partial, this latter class being subdivided with reference to the location of the opacity, as central, zonular, anterior polar, posterior polar, and capsular.—*The Refractionist*.

Pharyngeal Adenoids.

Dr. Eustace Smith (*Lancet*) says that naso-pharyngeal adenoid growths are common in infancy as well as in childhood, and may even be present at birth. At this early age it is uncommon for them to give rise to the ordinary symptoms of nasal obstruction. Such growths should always be suspected if the infant's nose be broad at the bridge and faintly dimpled on each side at the upper border of the inferior lateral cartilage, and especially if there be noticed any retraction in the inferior region of the thorax. Persistent snuffing in infants is no sign of syphilis in the absence of other symptoms, but rather of adenoids.—*Buffalo Med. Jour.*

Constitutional Factor in Hay Fever.

C. P. Grayson, in the *Therapeutic Gazette*, says that a large proportion of medical men continue to regard hay fever as incurable, and some general practitioners persist in the attempt to cure it with drugs alone, and a number of rhino laryngologists seek to attain the

same end solely through intra nasal medication or surgery. He regards all these theories as but trivial in their application, and as not dealing with the essential constitutional conditions underlying the affection. He thinks that many of these patients present a host of hygienic blunders and often wilful bad habits that must be overcome. He regulates the habits of the patient, both as to food and exercise, with the greatest care. With restoration of the digestive tract, the general nutrition established upon a firm foundation, and the previously unstable nervous system steadied and invigorated, the patient is enabled to resist such disturbing influences as once proceeded from the contact of atmospheric irritants with the hyperesthetic pituitary membrane. — *Medicine.*

PERISCOPE.

THE TRANS-MISSISSIPPI EXPOSITION AT OMAHA.

The several special expositions that have been given in the last few years by sections and States have been so successful, popularly and financially, that the American people will look forward with great interest and confidence to the Trans-Mississippi and International Exposition that will be held at Omaha from June 1 to December 1, 1898.

The selection of Omaha as the site is wise in the extreme, for no city west of the Missouri, until San Francisco is reached, has so large a population or is so near the center of trans-Mississippi population. It is equally true that no great section of the country is less generally known to people who are not special students of the resources of what may be called our mid-continent section. Almost all of the great mines of the Union are west of the Mississippi, and the agricultural possibilities of the section are indicated by the enormous wheat, corn and cotton of the newer States. But the people of the trans-Mississippi region will not be the only exhibitors. The great State of Illinois was among the first to offer participation in the enterprise, and the national government has taken an active part, by appropriations and a promise of a building, and also by an act of Congress that permits all foreign exhibits to come in free of duty.

The Exposition is assured of large attendance by its site alone, which is within Omaha's limits and within ten minutes' reach of the heart of the city: this will mean much to persons who remember the fatiguing journey, also within city limits, to the great expositions at Philadelphia and Chicago. The focus of the site embraces an area which is half a mile in length by six hundred and seventy feet in width; contiguous to this are other tracts, aggregating one hundred and forty acres. The principal buildings will be those of the departments of manufactures, agriculture, mines and mining,

BIRD'S EYE VIEW OF EXPOSITION GROUNDS AT DENVER. [Joined by Wabash Railroad Co.]

machinery and electricity, fine arts and the liberal arts. The buildings will be arranged about a lagoon fed by the Missouri river—the true upper Mississippi—and the accepted plans show that they will be quite as handsome and as much in accordance with a harmonious architectural plan as those of the Chicago Exhibition of 1893. As at Chicago the material most depended upon for ornamental effect will be “staff”—a mortar of light weight and plastic quality.

It is the purpose of the management to make the mining, agricultural and horticultural resources of the section more prominent and comprehensible than they have yet been. There is to be an exact reproduction of the noted Cripple Creek mining camp, samples of the bewildering variety of metals and minerals of the Central West, and practical exhibitions of the existing methods of treating ores. There will also be the first comprehensive exhibition of the horticultural successes, which have been great, and the horticultural promises, which are greater, of all of our national domain west of the Mississippi.

The lighter features of a great exposition are not to be neglected. There are to be in close juxtaposition, picturesque scenes of life in the Old World and in the New, in which some of the oldest civilizations will elbow American Indian camps, a darky colony, and a Wild West Show. Efforts are being made to add to the attractions a permanent military camp, to be occupied by large detachments from our regular army and many regiments of the National Guard, or militia, of the States.

The business management of the enterprise seems to be in good hands. Omaha has taken part with characteristic Western energy and liberality, and the many States and Territories of the trans Mississippi section have promised much; some have already appropriated more money than they did for the Chicago Exposition; so all Americans who expect to travel next summer may feel assured that a great treat is in store for them. All who go from the East will be impressed by the fact, hard to comprehend, that far the greater part of our national area lies west of the Mississippi, and that all of this part is growing at a rate that cannot be imagined until one sees the country itself, its resources and its people.—*Collier's Weekly*.

STERILITY OF FEMALES.—Dr. John Harris Jones, in the *New York Med. Journal*, says: “There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues those of the female sexual organs may be mentioned; its employment is followed by more or less benefit in every disease to which these parts are liable. It has fallen to the lot of almost every practitioner to be consulted by married women as to the cause of their barrenness, though they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such on many occasions belladonna internally proves a boon, and after some weeks they become pregnant. This happens so often that I am constrained to regard the occurrence as something more than accidental.”

QUASSIA AMARA*

By John Uri Lloyd, Cincinnati.†

[Reproduced by permission of the Western Druggist, Chicago.]

BOTANICAL DESCRIPTION.

The plant illustrated this month (the original quassia) is a native of Surinam, but is cultivated in many warm countries and is frequent in the hothouses of Europe. It was described and named by Linnæus in 1762 from alcoholic specimens brought from Surinam by Dahlberg (see history of its introduction into medicine).⁴ Linnæus established a new genus to receive the plant.⁸ It is a shrub or small tree, and the illustration gives but little idea of its brilliancy when in bloom, as the flowers are a bright red color and exceedingly conspicuous. The leaves are pinnate, winged on the petiole, three to five foliate, and remind us somewhat of our native water ash. The flowers are characterized by a large cone like disk which supports the pistil. The five small sepals, five large showy petals, and ten stamens are inserted near the base of the disk, and the five carpelled ovary is supported on its summit. The fruit consists of five hard drupes, each containing a single seed.

The genus quassia, according to the latest authority (Index Kewensis),²⁸ consists at the present time of three species—the species we illustrate; quassia officinalis, also from Surinam, and a recently discovered species, quassia africana, from tropical Africa.

Numerous species have at various times been ascribed to the genus, but are now considered distinct. Thus the tree of Jamaica, which furnishes the quassia wood of commerce now, quassia excelsa, Sw., was for many years the type of a new genus picraena, distinguished by having dioicous flowers, but is now²⁸ united to the genus simaruba.† The tree which yields cedron seed, used to some extent in medicine, was at one time classed as quassia, viz., quassia cedron, Bail, but is now included in the genus simaruba.

HISTORY.

The history of quassia amara presents several conflicting statements which we will endeavor to outline. The testimony of responsible authorities seems to establish without doubt, that in Surinam there existed during the last century a negro slave by the name of Quassi, who was in possession of a secret remedy which he applied with great success in cases of malignant fevers that were commonly prevailing in that climate, and to this slave we trace the record of quassia.

1756.—The first authentic report we have of the introduction of the drug from Surinam into Europe is connected with Daniel Rolander, a

* Reference to literature on the subject is made by figures throughout the text. These correspond with the appended list of titles, which are arranged in chronological order.

† The author is indebted to Dr. Sigmond Waldbott and Mr. C. G. Lloyd for invaluable assistance.

‡ The United States Pharmacopœia still retains it in the genus picraena. (See end of this article.)

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| A. Flowering Branch. | 5. Longitudinal Section of Disk and Ovary. |
| 1. Flower without Corolla. | 6. Three of the Five Frupes |
| 2. Base of Stamens. | 7. Section of Seed. |
| Anthers. | 8. Seed. |
| Pistil and Ovary. | |

QUASSIA AMARA.

Swede, who returned from Surinam in 1756.² He met said Quassi and induced the latter to disclose to him the secret remedy "in consequence of a valuable consideration."¹³ He brought with him to Stockholm specimens of the wood which was then an object of great curiosity.¹³ A record of his introduction of the drug into Europe is most probably the theme embodied in the "Schwed. Acad. Abhandlungen, of 1756, p. 246" (to which we have no access).

1760.—Four years later, in 1760 (or, according to another reference¹¹ 1761), Carol. Gust. Dahlberg, an officer of the Dutch army, an eminent botanist,²⁰ and former pupil of Linnæus,¹⁹ returned to Sweden from Surinam, where he had become acquainted with the aforementioned Quassi, who was employed in his family. By some acts of kindness Dahlberg gained the reverence and affection of said Quassi to such a degree that the latter not only revealed to him his secret remedy, but also showed to him the tree whose root furnished the medicine: this tree, while very frequent about Surinam, is exceedingly scarce outside its confines.⁴ Mr. Dahlberg, well aware of the importance of this information, took with him specimens of certain parts of the plant, each carefully preserved in alcohol, viz., the raceme of the flowers, the fruit and the leaves (§) and presented them to his famous teacher, Linnæus. Thereupon the latter named the wood "*lignum quassiae*," in honor of the slave, and established a new genus for the plant, naming it *quassia amara*.⁴ This new drug was then brought to the notice of the medical world by Linnæus' lectures on *materia medica*, but especially through a dissertation written under his auspices in 1763 by one of his pupils, Carolus M. Blom.⁴

1763.—In this dissertation are recorded details of Dahlberg's acquisition of the new remedy, the naming of the plant by Linnæus, and an account of some of the therapeutic cases demonstrating its striking virtues. Dahlberg's merit in bringing this plant to the knowledge of Europeans is praised in very enthusiastic language. Rolander is also mentioned herein, but only for the purpose of demonstrating that he had mistaken the root as belonging to *zygophyllum æstuan*s, while the flowers and fruit of Dahlberg's specimens pointed to a new species, called by Linnæus *quassia amara*.

It is, however, to be noted that no mention is made in this dissertation of Mr. Rolander's connection with the slave Quassi, although the details of Rolander's experience in that direction must have come to the notice of so circumspect a man of science as Linnæus (provided they were fully imprinted in the reference² before cited). Murray¹² tells us through Pereira¹⁹ that Rolander found the slave Quassi (whose name he spelled Quass) to be "almost worshipped by some, and suspected of magic by others;" but that he was "a simple man, better skilled in old women's tales than in magic."

⁴ The leaves thought to belong to the plant from which the remedy was obtained, belong, however, to another species, and the illustration given of the leaves of *quassia amara* in the *Linnean Dissertation* (4) is, therefore, incorrect (13). The error was pointed out by Dr. Wright (16), and was rectified by the younger Linnæus in his *Suppl. Plant*, p. 235.

After this Linnean dissertation was written comments on several sides arose, which tended to prove that the drug quassia amara had been in medical use in Europe long before Rolander returned to Sweden, and that even a name similar to quassia had been affixed to it.

1769.—Philippe Fermin,⁶ a French physician and traveler in Surinam, thinks the story about the slave Quassi (whose name he spells "Coissi") "not quite probable;"²⁷ he praises, however, the medicinal virtues of the flowers of quassia, which he says were highly valued by the natives of Surinam as a remedy in stomach troubles as early as 1714.²⁷ It is of some interest to note, however, that the author has omitted to refer to this circumstance entirely in a former work of his which appeared in 1765⁵ treating essentially on the same subject.

1784.—Murray¹² reports that a celebrated spice dealer in Amsterdam, by the name of Albert Seba, is said to have possessed in his collection a bark of a tree by the name of quasci, as early as 1730. However, it is to be remarked that Murray himself makes the statement provisional.

1772.—Other adverse testimony was also introduced by Haller,⁷ who states that his son-in-law, Mr. Lud. Braun, having suffered (1742) from an attack of epidemic fever, was treated with a remedy that was commonly called then quassia. It is certainly difficult to reconcile this statement with the quassia story, except by vague conjecture; however, it need not surprise us to find in Europe evidence of a bitter wood being used in medicine against fevers prior to the publication of Linnæus' dissertation.⁴ History tells us that as early as 1696, a French clergymen by the name of J. B. Labat¹ reported that in Martinique a bitter wood was being used among the natives in fevers; this wood, however, being not indigenous to Surinam, was not quassia amara, but belonged to the genus *simaruba*.²⁷

The strong commendation conferred upon this new remedy by so conspicuous a man of science as Linnæus, and subsequent treatises on its efficacy by such men as Tissot, Thorstensen, Severius, Ebeling, Patris¹⁰ and others,¹³ favored its speedy introduction into medical practice.

1788.—The drug became official in the London pharmacopeia in 1788.²⁷ But in the course of time voices were heard to the effect that the expectations originally based on the value of the remedy, going so far even as to proclaim its superiority over cinchona,⁴ were not realized, and gradually its use in medicine has declined.

1799.—Willdenow,¹⁴ however, inspired by a traveler, von Rohr, declared in 1799 that the official quassia of later days was not the same as that originally introduced, and that the quassia excelsa of Jamaica had been substituted.¹⁷ He pointed out that quassia amara, being a very rare tree (growing only in Surinam) could not yield the drug at the comparatively low price prevailing in the European markets. This argument seems plausible enough to explain the widespread adoption it has found. The London Dispensatory, 1st ed., 1814,¹⁵ for example,

under the head of *quassia excelsa*, makes the statement: "The official quassia was long erroneously supposed to be the wood of the quassia amara, which is a very rare tree, and excels all others in bitterness."

However, some able arguments were advanced by Th. Martius, communicated by F. G. Hayne,¹⁸ in favor of the claim that the origin of the official quassia was from quassia amara. He states that the only departure from the use of the original drug consisted in the use of the wood of the shrub instead of the root, an innovation probably made since the day of Linnæus.

1872.—The German pharmacopeia (1872) expressly demands that quassia be the wood of quassia amara. In the second edition, however, (1882) the *picræna excelsa* (Lind.) (syn. *quassia excelsa*, Sw.) a native tree of Jamaica, was admitted, concurrently with quassia amara, L., to constitute the official *lignum quassiae*.

The quassia of the United States Pharmacopeia is the wood of *picræna excelsa* (Swartz), Lindley.

LIST OF REFERENCES TO QUASSIA AMARA.—*Linn.*

1. Labat, J. B., *Nouveau Voyage aux Isles de l'Amerique*. Vol. II (1742), p. 392.
2. Bolander, Daniel, *Schwed. Acad. Abhandlungen*, p. 246 (1756).
3. Linnæus, *Spec. Plant*, 2d ed. Vol. I. (1762), p. 553.
4. Linnæus, *Amoenitates Academicæ*, Vol. VI. p. 429. *Dissertation on Lignum Quassiae*, by Carolus M. Blom, Upsaliæ (1765).
5. Fermin, Phillipe, *Histoire Naturelle de la Hollande Equinoxiale* (Surinam), Amsterdam (1765).
6. Fermin, Phillipe, *Description de la Colonie de Surinam*, Vol. I, Amsterdam (1769) p. 213, (through Fluckiger).
7. Haller, A. von, *Bibliotheca Botanica*, Vol. II, (1772), p. 455.
8. Paarmann, Diss. de Ligni Quassiae Usu Medico, Argentorat, 1772.
9. Thorstensen, Diss. de Usu Ligni Quassiae Medico, Hafniæ, 1775.
10. Patris, J. B., *Hist. Naturelle et Med. du Quassia* contained in Rozier's *Obs. sur la Physique*, IX, 140 (1777).
11. Bergius, P. J., *Materia Medica*. Vol. I, Stockholm (1778), p. 353.
12. Murray, *Apparatus Medicaminum*, Vol. III, (1784), p. 425 (through Fluckiger and Pereira).
13. Woodville, Wm., *Med. Bot.*, 1st ed. 1792, Vol. II, p. 215; 2d ed., 1810, Vol. III, p. 574.
14. Willdenow, Linn. *Species Plantarum*, 4th ed., Berlin (1799). Vol. II, p. 567-569.
15. The London Dispensatory, A. T. Thomson, 1st ed., London (1814), p. 320, and subsequent editions.
16. Wright, Wm. M. D., *Memoir of the late* —. Edinburgh and London (1829), p. 89.
17. Merat and De Lens, *Dictionnaire Matière Medicale*, etc., Vol. V. Paris (1833), pp. 563-575.
18. Hayne, F. G., *Darstellung and Beschreibung der Arzneigewächse*, 2d Vol., Leipzig, (1854), IX, No. 14.
19. Pereira's *Materia Medica and Therapeutics*, ed. by Jos. Carson (1854), Vol. II. p. 875.
20. Hager, Herm., *Commentar zur Pharm.*, Germ. ed. II, (1874), Vol. II. p. 268, 269.
21. Th. Husemann, *Arzneimittellehre*, Vol. II, p. 978, Berlin, 1875.
22. Baillon, *Nat. Hist. of Plants*, (1878), Vol. IV. p. 411.
23. Guibourt, *Histoire des Drogues Simples*, Paris (1876), Vol. III, p. 568.
24. Bentley and Trimen, *Medicinal Plants*, London (1890), Vol. 1. No. 56.
25. Dujardin-Beaumetz, *Les Plantes Medicinales*, Paris (1889), p. 568.
26. Kohler's *Medizinal Pflanzen*,
27. Fluckiger. *Pharmacegnosie des Pflanzenreichs*, 3d ed., Berlin (1891), p. 496, 497.
28. *Index Kewensis*, 1896, fasc. IV, p. 671.
29. Pickering, Charles, *Chronological History of Plants*, Boston, 1879.

ACUTE OTITIS MEDIA IN INFANTS.

Acute otitis media in infants is often confounded with cerebral disease, and hence escapes proper attention and treatment. In alluding to this form of disease, Sir William Dalby (*British Med. Journal*, (July 24, 1897) points out that in the case of infants the constitutional symptoms and demeanor of the little patient, as indicating pain of an acute and agonizing character, or pain prolonged over many days, are the sole evidences within our hands of ear disease. The heightened temperature alone is not a sufficient guide as to the necessity of paracentesis, and sometimes inspection of the drum-membrane will not show this necessity. "In a large proportion of cases, leeches and hot fomentations will cut short inflammations of the tympanic cavity, but it would be safe to adopt the rule that when they do not (for if they relieve they do so at once), a vertical incision should be made in the posterior section of the membrane." The incision does no harm, Dalby says, even if no pus is found pent up in the drum-cavity.

Again: "In the infantile forms of this inflammation (not connected with the exanthemata), the process is often slow, sub-acute, the case dragging on day after day without the membrane giving way." These delays are dangerous, as a week's delay in rupture of the drum may lead to damming back of the pus through the posterior wall of the drum-cavity into the cerebellum, with fatal termination, as in a child of six years observed by your reporter.

I. H. Marsh (*Ibid*), in writing of this same important subject, thus tabulates the symptoms which should suggest the ear as the cause of the illnesses often attributed to other sources: 1. The child constantly endeavors to rub the affected ear. 2. It utters a sharp cry of pain on pressure being made below the meatus. 3. It refuses to rest its head on the affected side.

The same author states that "the clinical signs which would suggest that the lesion had a tuberculous origin are: 1. A slow, non-asthenic origin. 2. Early glandular enlargement. 3. Early facial paralysis. 4. Resistance to the ordinary measures of treatment. 5. The presence of other tubercular disease. These cases require the establishment of a free opening into the middle ear through the mastoid."

This last named procedure should not precede removal of the carious and necrotic ossicula. The latter operation will generally check the suppuration, and do away with all necessity for opening the mastoid. If the mastoid is opened in such cases, and the carious ossicula are left in place, as I have seen done, suppuration, with all its attendant risks of deeper lesions, will continue, to stop only after the removal of the carious ossicula.

E. Ponfick (*Berlin Klin. Woch.*, Sept. 20, 1897) points out that in children under four years of age, great confusion in diagnosis often arises in the presence of a gastro enteritis, symptoms of which may be mingled with those of an acute otitis media, or which may depend

more upon the otitis media than upon the gastro-enteritis, though the otitis media may not be recognized promptly. Often, in fact, the latter disease is discovered accidentally, either by observing a discharge from the ear, and improvement in the symptoms of the gastro enteritis, or by touching the auricle or the region near it, when the latter is found to be tender and painful to the touch. Treatment of the ear will be followed by recovery in all respects, in most instances, if it has not been deferred too long.—*Amer. Jour. Med. Sci.* W. N. M.

VAGINAL EXAMINATION OF VIRGINS.

All respectable women consulting physicians are divisible, for the purpose under consideration, into those who are or have been married and those who have not, or, to be exact, into those who have and those who have never experienced coitus. Needless examinations of even those who are experienced in sexual matters is to be deprecated. The less attention is called to the sexual apparatus without good cause the better for the patient. It may, therefore, be laid down as a safe rule that no examination of the sexual apparatus of any woman should be made without good reason.

But a more stringent proviso applies when the patient is a virgin.

First of all, the practice with these girls, for such they usually are, should be to glean a knowledge of sexual matters from older persons, usually the mother.

Not even a vaginal injection should at first be given. They should, of course, first be given the benefit of suitable systemic treatment, in the hope that the local symptoms will then disappear. For example, they may be toned up by the use of such tonics, alteratives or other remedies that may be indicated, with a view to developing their general health to the highest pitch. For the special local symptoms we have many special systemic remedies, which should by all means be tried. For example. in ovarian pains we have *pulsatilla*; for uterine affections, *cimicifuga*, if they are active, and *hydrastis*, if passive, whilst free action of the bowels will remove many a series of important symptoms of intra-pelvic disease. Her intra-pelvic and abdominal organs are best, most readily, and most agreeably managed by moderate bicycle riding. By this we do not mean a given number of miles at a stated gait over a definite kind of road, but a ride that gives pleasure, makes her feel better, and does not tire her—a ride upon the completion of which she feels better able to continue than at the outset.

When, however, the nature of the disturbance is such that an examination is in the patient's best interests, everything considered, the examination should be made in the presence of a third person, preferably the mother.

When operations are to be done, the patient should first of all be anesthetized before being exposed, and she should not be permitted to see the assisting physicians. The natural delicacy and sensitive-

ness of our girls should not be shocked by a careless disregard of their finer feeling. Many of these suggestions apply to all kinds of women, to a large extent. Even the professional woman of the street often has delicacy about exposure, and is grateful for any delicate consideration that may be shown her. There are few even of them who do not appreciate the compliment of respectful consideration.—*Med. Council.*

Treatment of Palpitation.

Dr. Henri Huchard treats this symptom according to its cause. The palpitation of toxic origin (coffee, tobacco) or from drugs (quinine) disappears when the cause is removed. If it is of gastro-intestinal origin and generally nocturnal, due to dyspepsia, with excess of hydrochloric acid, alkalies in sufficient dose and regulation of diet are necessary. Iron does not produce palpitation unless in consequence of its intemperate administration, as in dyspeptic chlorosis it produces or accentuates a drug gastropathy. Since it is true there is no part of the body which may not be the cause of cardiac palpitation it is necessary to investigate all possible causes before attributing a lesion to the heart. Of those lesions which are accompanied by palpitation (acute carditis at its commencement, acute endo-carditis and pericarditis, pericardial adhesions, obstruction or insufficiency at the mitral valve), the symptoms of cardiac erythism are benefited by a pill of one and one-half grains of quinine hydrobromate, three fourths of a grain each of powdered digitalis and extract of convallaria, twice to four times daily.—*Rev. Gen. de Clinique et de Therap.* W. N. M.

A New Treatment of Gonorrhoea.

My attention has been attracted to an article published in your journal for July 3d, by Dr. J. A. Silverman, of Butte, Montana. The writer states that no antiseptic has been discovered that will destroy the gonococcus without doing injury to the mucous membrane. As I presume that he is open to conviction, I submit to you for publication the following report of a case which I have successfully treated during the last few months with hydrozone and glycozone, which I consider not only harmless but the most powerful healing agents that I have ever used in my practice of thirty-five years.

A man called on me on June 20th, with gonorrhoea of four weeks' duration, with profuse discharge, micturition painful, and an acute burning sensation along the entire urethral tract. Pus sacs had formed in the canal, the meatus was inflamed, and the gonococcus was active, as determined by microscopical examination. I prescribed injections of one part of hydrozone and ten parts of sterilized lukewarm water, an ounce for each injection, four times daily. After two days I reduced the proportion to one part of hydrozone and fifteen parts of lukewarm water, and I directed glycozone mixed with an equal

amount of glycerin pure to be injected on his going to bed. The diet was not restricted, but no stimulants were permitted. In two days no gonococcus could be detected. The discharge was lessened, the pain and difficulty in micturition had ceased, and in twelve days the patient was well. Continence was imposed for two weeks. Doses of bromide of potassium and bicarbonate of sodium were administered from time to time in order to make the urine alkaline and quiet the patient.—*Warren E. Day, M. D., in N. Y. Med. Jour.*

YELLOW FEVER GERMS.

It is reported upon good authority that Dr. Paul E. Archinard, the bacteriological expert of the State Board of Health of Louisiana, has found the germs which cause yellow fever. Dr. Archinard has been for several months conducting experiments with the hope of accomplishing this object, and it is hoped that the reports are true.

The experiment consisted, so far as we can learn at present, from subjecting the blood of one suspected of suffering from yellow fever to the action of the supposed germ. In every true case of yellow fever this germ would cause all the other germs to gather together in a lump, while in cases where there were doubts concerning the diagnosis and which afterward proved not to be yellow fever, this germ produced no such action on the part of other germs.

This discovery, if it proves to be genuine, will be of vast importance to the United States. Not that it will likely prove of great benefit in a therapeutical way, but that by enabling the physicians residing in ports of entry on our southern border to promptly recognize the disease and thus prevent its introduction into our country.

The last epidemic, during the latter part of 1897, gave evidence of divers opinions, concerning cases which were held by some physicians to be only dengue and by others as yellow fever.

People are afraid of yellow fever, and well they may be. While it does not carry off as many people as does typhoid fever, consumption and others that we might name, yet for the time it is doing its work, it exceeds in mortality nearly every other epidemic we know of. A diagnosis of yellow fever drives people from their homes, destroys business, entails great commercial loss, and if now a positive means of identifying the pest has become known the certainty will have much in its favor to allay the mental anxiety and distress due to the uncertainty.

If yellow fever repeats itself, 1898 will see a recurrence of it in the infected parts of the United States during the summer. Isolation and cleanliness, together with ability to leave the threatened points of attack at the earliest appearance of the disease, will do much in keeping down its ravages. It is to be hoped the report of the success of Dr. Archinard's researches for this germ are based upon the truth.—*Medical Visitor.*

CHELIDONIUM IN PNEUMONIA.—This remedy is very useful in what is termed bilious pneumonia. Some one has stated that if the liver would always be healthy it would not be possible for one to take cold, and when a person did catch cold it was because of torpidity of the liver. Whether this is true or not there is one thing certain, there is no single remedy exceeds chelidonium in certain forms of lung fever. In its pathogenesis we find these symptoms. Short and oppressed breathing with sensation of constriction of the chest; stitches in chest, worse on the right side, worse on inspiration. Violent cough, racking as in consumption with much expectoration, fan-like motion of the alae nasi (lycopodium) and one foot hot and the other cold (lycopodium). We often overlook remedies because we have fastened in our minds their relationship to certain pathological conditions. Biliousness and chelidonium, like colic and colocynth, go together and is not often thought of in pneumonia.—*Medical Visitor*.

CASTRATION FOR RAPE IN KANSAS.—A bill has been introduced into the Kansas Legislature, referred to the Committee on Public Health and Hygiene, and by them reported back with the recommendation that it pass. It provides that every person who shall be convicted of rape, and every person who shall be convicted of incest, and every minister, clergyman, priest or teacher, having charge of any church or other religious body or school, who shall have illicit connection with any unmarried virgin female under 21 years of age of his charge or school, and every guardian of any female ward under the age of 18 years who shall defile her, shall be punished by imprisonment at hard labor for a period not less than five nor more than twenty years, and in addition to such punishment shall be castrated.—*Southern Medical Record*.

CHORDEE.—This painful accompaniment of gonorrhea is said to yield promptly to mygale lasiodoro. We hope some of the readers of the *Visitor* will try it and report results.—*Medical Visitor*.

BERBERIS AQUIFOLIUM will frequently remove the pimples one sees on the faces of ladies when nothing else will. Dr. Hale was the first homeopathic physician to mention the action of berberis.—*Med. Vis.*

The *Philadelphia Medical Journal* says there is a possibility that the Red Cross Society, which has heretofore taken no part in the Cuban aid relief, may enter upon that work shortly. As many as 150,000 insurgents are said to have died already in consequence of famine, small-pox, dysentery, malaria, etc. There is an urgent need of physicians, food, clothing, and above all, money.

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COMMON AFFECTIONS OF THE FEMALE URETHRA.

The female often complains of pain, irritation and suffering, referable to the urethra. This may occur during the progress and treatment of some additional trouble, or exist and require attention independently. Such symptoms usually depend upon or immediately follow micturition, and may be due to various causes, which should be ascertained by a careful examination and inspection, owing to the permanency of the symptoms and various reflex disturbances, if allowed to go unheeded or not properly treated.

One of the most common of the acute affections, which is quite frequently encountered, is urethritis—inflammation of the urethral canal. While gonorrhea is likely to be suspected in such cases, nevertheless, the non-specific or simple form is not uncommon. Polyuria, attended by severe pain, burning, and vesical tenesmus, is a common symptom. The presence of the urine not infrequently causes the highly sensitive and irritated tissues to contract, resulting in spasmodic action of the canal, and interrupted and embarrassed micturition—a most distressing symptom. The urethral tissues become indurated and sensitive, and may be traced or outlined with the finger, along the anterior vaginal wall. The temperature is usually somewhat elevated, which, together with the location and effect of the pain, readily determines the trouble.

Veratrum and gelsemium, as a rule, meet the indications, and in addition vaginal douches, as hot as can be endured, will prove beneficial in the acute attack. The burning and distress in passing the urine may call for apis, rhus tox. or erigeron, as well as the local application of hot fomentations.

Urethritis usually arises from cold or exposure, or the causes that generally produce catarrhal inflammation. It will generally yield within a short time if quietude is enjoined, in addition to the specifically indicated treatment. When the acute inflammation persists, either owing to want of efficient treatment, or negligence and continued exposure, the chronic form is likely to follow.

In the chronic variety, while the suffering is not so severe, there will be in addition the muco-purulent discharge. In this stage, the urethra should be cleansed by the use of warm carbolized water, after which an injection of fluid hydrastis should follow, one part to sixteen of water, twice daily. No internal treatment will likely be called for, other than to keep the bowels in normal condition.

Another form of trouble and source of irritation frequently found, in married women especially, is a form of neoplasm known as urethral caruncle. These small tumors are usually severely aggravating: they vary in size from a pin head to a hazelnut, and are generally found upon the posterior wall and outer half of the urethra. Often a group of them may be found just within the meatus or projecting outwards. They result from a varicose condition of the capillary vessels, are very red and granular in appearance, bleed upon the slightest irritation, and are very sensitive. The contact of the urine in micturition excites very severe suffering, coitus is often painful, owing to pressure along the urethral canal; slight hemorrhages are likewise not uncommon. Various reflex neuroses frequently attend the presence of this form of trouble, such as headache, backache, general nervousness, and irritation. Difficult and painful urination is a condition from which there is frequent complaint. They may occasionally attain sufficient size to obstruct the urethra; in other cases closure of the canal results from severe spasm due to the excruciating pain attending micturition.

This is the most common of the various lesions of the female urethra, and may be suspected in a case presenting the foregoing suggestive symptoms. The suspicion will be confirmed and the diagnosis easy from the appearance of the parts upon examination.

Owing to the extreme pain and distress attending this condition, prompt and proper treatment should be instituted without delay, which consists in the removal of the growths. The patient should be chloroformed and placed in the lithotomy position, after which the easiest means of removal will be found in excision with the scissors. Those most nearly external should be first removed, after which, by means of the urethral speculum, those higher up may be revealed, and in like manner excised. The curette can likewise be used to insure the removal of all traces of the trouble. It is advisable to cauterize the base after extirpating the larger neoplasms.

The patient should observe quietude, normal action of the bowels, and a light diet for a week, when the usual uninterrupted convalescence soon restores to the woman relief, comfort, and health.

Pediculated tumors, or urethral polypi, are also occasionally seen in the urethra. The treatment should be similar to that when they are attacked in other locations.

R. C. W.

GOSSYPIMUM.

This remedy is made from the inner bark of the root of the cotton plant of the South. An infusion of the plant enjoys an enviable reputation as a remedy in certain lines in that locality, among certain people. Ordinary tinctures and fluid extracts of the drug have been praised as valuable, and condemned as worthless. To a very great extent, no doubt, this variation in friendship for the drug is due to the age and condition of the root from which the medicine is prepared. Old, dried, worm-eaten bark is no doubt absolutely worthless at all times, and even the specific medicine, which is of a beautiful red color, and of a sweetish, astringent taste, after a time may gelatinize and become brown in color. No method of preventing this alteration is known, and when the change has taken place the medicine should be thrown away; it is worthless.

As to the medicinal action of gossypium, it has been variously classified and described by writers upon therapeutics. Many agree that it is similar, if not identical, in action with ergot; others say that it is much like cimicifuga or ustilago. We are more in accord with the latter class, as we have never seen tonic contractions of the uterus produced by the administration of cotton-root. Perhaps we have never dispensed it in doses of sufficient size to produce this result.

As a remedy we rather opine that its beneficial results are due to its general action as a nerve tonic or stimulant, rather than to its special action as an oxytocic, abortifacient, etc. We believe that it is through this general action that it produces at times such positive effects upon the uterus, upon reflex troubles, and upon the circulation. We have never known cotton-root to produce abortion; we have never seen it produce strong contractions, or expulsive uterine pains. We have given it, however, when it seemed to promote labor pains. It overcame uterine inertia, and stimulated contraction because it increased the general nerve force of the patient. We believe that almost any other indicated remedy, when given in accord with Eclectic methods, would do fully as well.

We frequently prescribe gossypium as an emmenagogue, and with satisfaction. It seems best suited to those cases of amenorrhea in which there is backache, with weight and dragging in the pelvis. There is fullness and weight in the bladder, together with difficult micturition. The same general indications prevail in each and every case in which gossypium is the remedy.

It is an important remedy in some cases of amenorrhea, dysmenorrhea, menorrhagia, and metrorrhagia. By its tonicity and its specific action as a nerve tonic and stimulant, gossypium will often prove a very excellent remedy in hemorrhage—even in chronic blood discharge so often due to uterine fibroids or to carcinoma. It will *not* cure; the disease must be removed. But as a routine remedy in these cases gossypium should not be forgotten.

It is an efficient remedy in many cases for anemia and chlorosis, and especially so when the anemia is very pronounced in the reproductive organs of women. It is *the* remedy in cases of hysteria due to anemia. It is an efficient medicament in cases of lessened or absent sexual desire, or sexual lassitude. We are sure that, as Prof. Webster has suggested, gossypium is worthy of a trial as a remedy for impotency in anemic males. We know of no reason why any one remedy should act only upon the female organism and not upon the male as well. Gossypium has been highly praised as a remedy in hemoptysis, and in epistaxis, as well as in diarrhea and dysentery. For these latter we have so many superior remedies that we do not need it for this purpose. The dose of the specific medicine is from five to fifty drops. Secure a good article of gossypium, try it and report.

W. E. B.

CRATÆGUS OXYACANTHA.

Remedies which influence for good the various and none too-well understood diseases of the heart are comparatively few. The most important of these can be counted upon the fingers—digitalis, cactus, strophanthus, adonis, apocynum, etc. As these remedies, good as they are, but inadequately meet the requirements in many disorders of the heart, it is but natural that the physician should grasp at once any new drug which promises good results in this field.

Functional affections of the heart are, as a rule, readily controlled by medicinal and hygienic treatment; but, in our opinion, very little is accomplished directly in the majority of organic heart affections by any drug, unless it be an improvement of the nutrition of the heart, such as is induced under cactus, or a compensatory action, such as is produced by digitalis.

Within a couple of years two new heart remedies have appeared upon the market, one of which is the fluid extract of the fruit of *Cratægus Oxyacantha*, more familiarly known as *Haw*, *Hawthorn*, or *English Hawthorn*. This remedy entered the medical field after the manner in which some others among our important medicines appeared, *e. g.*, cinchona, as a secret remedy. A physician, named Greene, of Ennis, county Clare, Ireland, acquired fame for his ability in the treatment of heart diseases. After his death, his daughter directed the executors of his will to make known the secret remedy, which proved to be *cratægus*. Claims are made for this agent as a curative remedy for both organic and functional heart disorders, including cardiac hypertrophy, with mitral regurgitation from valvular insufficiency, and angina pectoris. As a couple of illustrative cases, the following may be noted:

An aged man with a feeble but rapid pulse of 158 and great oedema of the extremities and abdomen, was given a 15 drop dose of the fluid extract, resulting in a lowering of the pulse in fifteen minutes to 126, and in twenty-five minutes to 110, while the heart's action became

stronger, and respiration less labored ; after a second dose (10 drops) he was able in one hour to lie horizontally on the bed for the first time in ten days. Ten-drop doses, four times a day, together with further treatment with squill, digitalis, etc., for the œdema, resulted, it is reported, in a complete cure.

Another case, pronounced angina pectoris, with cardiac hypertrophy and localized spinal hyperæmia, was reported immediately relieved by the usual doses of the drug.

The foregoing notes of cases are given that we may have some idea of the class of affections in which the drug is reported of value. Thus far it is thought to be of no value where there are fatty depositions in the heart-muscle.

Cratægas should be given a fair and honest trial by our physicians. Acting upon the belief that a preparation of the bark will be more representative, Prof. Lloyd will prepare a reliable preparation of cratægas root-bark, that its virtues may be tested. The cases for study will be those characterized by pain and præcordial oppression, dyspnoea, rapid and feeble heart-action, evidence of cardiac hypertrophy, valvular insufficiency, and marked anemia.

H. W. F.

REGULAR MEDICINES.

"The shelves of the retail drug stores the country over are groaning to day with the multitude of ready-made prescriptions which the druggist must of necessity keep on hand to supply his trade. And still there are new additions to the list daily. Their familiar names greet us at every turn. Not a medical journal can we pick up but we meet them face to face. The good old-fashioned art of prescribing has largely fallen into decay. The old materia medica is a back number, and the 'original package' is the thing now. Thus the laity become familiar with them, and when Smith gets sick he is recommended by Brown to get a bottle of this thing or that, which he tells him was what Dr. Blank prescribed for him when he was sick, and which did the business for him."—*Medical Age*, Dec. 10, 1897.

Yes, this is true, and to the injury of all concerned—physicians, pharmacists, and the public. Very true it is, we should say, of our friends of the so-called regular school, who know little now of the art of prescribing single remedies. You have fostered the ready-made compound until you might as well prescribe by numbers, and send your so-called prescriptions to the department store or the dry goods store, so far as pharmacy is concerned. You have helped discredit pharmacy, have helped to ruin the scientific pharmacist, have helped to open and establish the so-called drug departments of the department octopus, and have, in doing this, discredited yourselves. The ethical physician is conspicuous for his use of these hand-me-down mixtures under coined names—mixtures that, perhaps, are stock prescriptions of some Eclectic physician whose name has been rubbed

EUPHRASIA OFFICINALIS—Eyebright.

This is, just now, a seasonable remedy. We believe it to be an excellent one in properly selected cases. The recorded specific indications for it are "acute catarrhal diseases of the mucous membranes, with a profuse secretion of acrid mucus from the eyes and nose, with heat and pain in the frontal sinus." We would add to this, "in cases with little or no fever." When there is an excitation of the nervous system and circulation generally, we have better remedies. The euphrasia patient complains of being chilly and cold, his nose runs almost clear water, his eyes water, there is profuse lachrymation and a feeling as if there were sand in them. Later there is much smarting and photophobia.

With these symptoms before us, euphrasia becomes an excellent remedy—one of the best we possess in conjunctivitis, either the acute or chronic variety. It is just as efficient in iritis, as well as in some other troublesome inflammations of the deeper structures of the eye. We have wondered why our specialists do not use it and recommend it more frequently. Formerly it was highly commended as a local application in these troubles, using it in the form of a poultice, or the infusion as a collyrium. For this latter use, gtt. v. to xv. of the specific medicine to water f ̄iv. have been highly praised.

We frequently prescribe euphrasia in the severe headaches that are due to or accompany eye troubles, or catarrhal states. The euphrasia headache patient sits or lies with the eyes tightly closed, and says the head feels as though it would burst. There is little or no fever.

Catarrhal maladies of the respiratory tract offer another field for the prescription of euphrasia. The same general symptoms or indications dominate. There is a free running nose, watery mucus, snuffling, sneezing, coryza, a tight cough, with more or less hoarseness. There is also much hawking and spitting, especially in the morning. It acts equally well in the infant and in the adult.

Euphrasia is an excellent remedy in acute nasal catarrh. It does not do so well in chronic cases, or after the worst disturbing symptoms have passed.

Euphrasia ameliorates, if not overcomes, better than any other remedy known to us, the catarrhal symptoms that accompany measles. We are not sure that it affects, in the least, the appearance of the eruption. We opine that in this line it is inactive. Therefore it may be combined with any other indicated remedy in the treatment of measles. But in the other indications described we frequently prescribe euphrasia alone, and with much satisfaction. When a patient comes to me with "cold in the head" he always gets euphrasia.

Although some writers ascribe to euphrasia an action upon the general mucous membrane of the intestinal canal, we are not convinced of its usefulness in this line. We see it commended in earache, and in epilepsy. We doubt its efficiency in both. In throat disease we

have not tried it sufficiently to pass an opinion. The above outline encompasses the general use that we have made of euphrasia, and we are prepared to meet any criticisms that may follow this commendation.

The specific medicine is always used when the infusion is not at hand. Of the former gtt. xx to f̄ij. are added to four fluid ounces of water, and of the mixture a teaspoonful is given every half hour or hour until relief follows. Of the infusion from two to four fluid ounces may be taken every hour or two. Generally relief follows this administration in from ten to twenty-four hours. The action of euphrasia helps give us confidence in medicine.

W. E. B.

FOUNDATION OF OUR SCHOOL.

We present several valuable papers in this number of the JOURNAL, all of which might be worthily given conspicuity. But in one instance, that of Dr. Wilder, shall we intrude an editorial notice, and in this case to emphasize the fact that our school is passing towards the latter end of the second part of its centennial.

It will be observed that Wooster Beach established his Infirmary in 1825, and, as is well known, laid the foundation to Eclecticism. This important point has been the subject of considerable discussion, and all will be gratified to find the historical data firmly established.

In a historical sense this paper of Dr. Wilder is happily supplemented by the biographical sketches of Prof. Freeman, and it is a pleasure to present both in the same JOURNAL. *Eclecticism is now in its seventy fourth year.*

SURGICAL ITEMS.

Dr. C. D. Palmer, a leading gynecologist, has just been rendered a verdict, by a jury in the Common Pleas Court, in his favor, after a stubbornly fought contest, lasting eight weeks. The doctor was sued for malpractice in 1888, on account of a broken needle, which he failed to find and extract while doing a kolporrhaphy on a patient who had applied to him for relief, on account of an aggravated prolapse uteri. It was shown in the evidence that in introducing the third suture the needle suddenly and unexpectedly broke, and the doctor, using due diligence, was unable to find and extract the same, and as the patient was acting badly, under the influence of the anæsthetic, he was obliged to hasten the completion of the operation. A few days later the doctor received serious injuries that removed him from the case.

The patient afterwards made application to another surgeon to have a similar operation performed, and it was while in the completion of this second operation that the broken needle was found, which was the cause of the malpractice case against Dr. Palmer. The first trial of this case in 1888 occupied several weeks, and was stubbornly contested by both sides. The jury finally disagreed, and the last, this present

trial, lasted some eight weeks, resulting in the acquittal of the doctor from the charge of malpractice.

We are glad to note that the testimony of the witnesses for the prosecution was greatly mollified from that which had been presented in the first trial; and that the defendant's witnesses, all with one accord, sustained Dr. Palmer's position.

The time has come when the medical profession must stand together as one man, irrespective of schools, against all prosecutions for mal-practice. The State Board of Medical Examiners, in admitting to the membership of the medical profession of the State, should be guarantee of the ability of the member in the practice of his profession. In the future let no reputable medical man raise his voice or arm to strike down a brother practitioner. We must all stand together against an enemy.

* * * *

Dr. N. L. Van Sandt, of Clarinda, Iowa, one of our oldest and most respected physicians and surgeons in Iowa, came to Cincinnati recently and went to the Betts Street Hospital, where he was operated upon for an enormous lipoma of the cord and inguinal glands. The tumor mass had been some years in developing, and weighed eight pounds. The doctor made a very satisfactory recovery, and has since returned to his home at Clarinda. A letter recently received from him says he has fully recovered,

These lipomas, while not of the malignant nature, have a destructive tendency, on account of the enormous size, weight and pressure.

The doctor is one of the staunchest friends of the old E. M. Institute, and has a number of good active graduates, who commenced the study of the profession under his direction.

L. E. R.

ZOETH FREEMAN, M. D.

Born July 17, 1826.

Died February 22d, 1898.

Zoeth Freeman was born in Milton, Nova Scotia. He came to the United States in 1846, matriculating at the Buffalo Medical College. He attended lectures in the Eclectic Medical Institute in the winter and spring of 1847 and 1848, and received his degree. The following summer he lectured on anatomy in the Eclectic Medical College at Rochester, New York, and continued until the winter of 1849, when he joined the faculty of the Memphis Institute with Profs. Powell, Newton, King, Sanders, and others. In 1850 he was chosen Professor of Anatomy in his alma mater, and from that time lectured on either anatomy or surgery until 1871, since which time he has been emeritus professor, but not engaged in lecturing in the college.

Prof. Freeman leaves a wife and one son, a physician in Denver. He was a brother of our Prof. Edwin Freeman. Had he lived until next month, he would have completed his fiftieth year of active practice. A biographical sketch of Prof. Freeman appears on page 422 of the 1891 JOURNAL.

BOOK NOTICES.

AN EPIITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. Octavo, pages xiv-348. Cloth, \$2.00 net. The F. A. Davis Co. Publishers, Philadelphia.

In the initial sentence of his preface Dr. Park truthfully says, that "the history of medicine has been sadly neglected in our medical schools," to which no less truthfully he might have added, that this disregard for historical data has been no credit to the schools. He calls attention to the fact that the early church antagonized certain anatomical dissection of dead persons, and yet did not hesitate to torture, mutilate and rack live persons, to which he might have added that men, then in power, erred in the name of religion just as before and since they have erred in the name of medicine.

Expressing his obligation to others for data he states that "written history is, to a certain extent at least, plagiarism," and yet, when Dr. Park uses recorded facts to produce a new book and puts into it his own method and personality, as he has done in this one, the book is not plagiarized. Little indeed could any man write in any important line were his pen to be held strictly to that which he learned from observation—nothing at all could he record concerning the history of medicine. After crediting several gentlemen for assistance and courtesies, the preface ends with a list of the principal works consulted, among which the titles of several invaluable publications, both ancient and modern, that this reviewer has studied with profit, may be missed.

Beginning with the body of the book, we find that the first chapter is devoted to the origin of medicine, "medicine among the Hebrews, the Egyptians, the Chinese, and the early Greeks." He says of that period: "It embraces an indefinite time, during which medicine was not a science, but an undigested collection of experimental notions;" to which assertion no person will dissent. And yet this very assertion

implies that medicine is now a science, which view many persons will oppose. In connection with this history of the dawn of medicine it is to be regretted that no reference is made to the wonderful work on Indian Medicine (Charaka Samhita), probably the earliest publication extant on the subject of ancient medicine.

In this opening chapter we find that Dr. Park has concluded that Galen came near discovering the circulation of the blood, and that he would have done so had he exhibited "a little less reverence for authority and a little more capacity for observation." Alas, the history of medicine illustrates that not Galen alone has erred in this subjection to authority; if this test be applied possibly the votaries of medicine of the nineteenth century will be found to clasp hands with those who struggled in the toils of "primitive" medicine. Speaking of dogmas, the doctor gives clearly his impression of primitive Eclectics, in which he finds an "absence of fixed principles." To which statement, since he refers to men who lived in the dawn of medical history before the Alexandrian Library was burned, no objection will be taken. The parties concerned have been too long dead to be at all disturbed over misinformation concerning their hopes, their ambitions, their works. And now we find a tribute to the church, for Dr. Park records, "that it is one of the debts we owe to Christianity that, under its influence, the first almshouses and retreats were established in Rome." He pays tribute to "an illustrious woman (St. Pauline), living in the midst of the greatest wealth and pomp, who went to Jerusalem, united with other Christian women, and established homes for the sick, an example followed afterward by heathen Emperors, Christian Kings and Moslem Caliphs. Step by step the reader is led through the various stages, often epochs in medicine, past the school of Salerno, the influence of occult sciences, the patrochemical system, mechanico-dynamic system, to and through the many theories that have bushwhacked the progress of medical art from the day of Melampus to the present.

Dr. Park deserves credit for the kindly words he speaks concerning Homoeopathy, an ism for which he probably sees no present use, but which he clearly perceives was but a natural reaction from the vicious barbarism of regular medicine in the days of Hahnemann.

Beginning with page 276 we have a condensed record of the progress of medicine in America, in which is compressed many important points, and in which is recorded the names of many illustrious physicians and surgeons. It is with extreme reluctance that this reviewer feels impelled to state that Dr. Park has confined his references concerning conspicuous American physicians to those who belonged only to the Regular school. Even though he believes that the Regular school in medicine is broad enough, and liberal enough for all to stand in, still, duty impels a historian to record facts, and it is a fact that many physicians, not of that school, have world wide records. In future editions of this valuable book it is to be hoped reference will be

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made to such men as Samuel Thomson, Wooster Beach, John King, John M. Scudder, Andrew Jackson Howe, and other Americans, not of the Regular school, who contributed their part to American medicine.

And in no sense of carping criticism does the reviewer hope that in future editions of this book certain omitted conspicuous names of the American Regular profession may be added, names conspicuous by reason of their absence from the present volume. That talented author and voluminous writer, Prof. Daniel Drake, whose record of diseases of the Ohio Valley is priceless in historical annals, has no place. Prof. B. S. Barton, M. D., of the University of Pennsylvania, of Philadelphia, the first American to collect and write on our American *Materia Medica*, whose works issued in 1798, 1801, and 1804, are sought the world over, is denied a position. W. P. C. Barton, who about 1830 issued a work on the "Vegetable *Materia Medica*," and later a "Flora of North America," has been overlooked. In this line the several invaluable biographies of American Physicians by Williams, Atkinson, (W. B.), and others, should at least have entitled their authors to honorable mention. That it is impossible to avoid oversights and exclusions in a work necessarily restricted in size, is evident, but that such names as have just been mentioned are deserving of recognition is also true. And when the revised edition appears, this reviewer hopes to find not only these gaps filled, but place given to the name of Dr. John Bartram, the first Anglo-American who conceived the idea of establishing a Botanical Garden, and who purchased grounds for the purpose near Philadelphia.

Dr. Park's work is marked by evidence of much research, close study, broad generalization, and clear diction. It contains 329 pages devoted to the progress medicine has made, and eleven pages giving an epitome of the history of dentistry. There are 55 illustrations, many of them portraits of illustrious physicians and surgeons of Europe and America, others being reproductions of old prints portraying surgical instruments and surgical operations. The book is one that every physician may study or read with profit.

J. U. L.

THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY. Under the general editorial charge of George M. Gould, M. D. Royal octavo, cloth, \$6.50. 1077 pages. W. B. Saunders, Philadelphia.

The American Year-Book for 1898 is before us. To all who desire to keep pace with the progress of the various departments of medicine and surgery, this volume will be almost indispensable. The vast amount of literature that appeared during 1897 has been carefully sifted, and only the best finds place in this volume; hence the reader finds in a small compass just what he needs, the latest successful methods used in his particular study.

In medicine the greatest study has been put upon the "serum tests" in diagnosis, and upon "serum therapy"—the Wedal test for typhoid

fever taking precedence. While we may not agree as to the correctness of this line of study, it is of interest to notice the trend of the profession. There is still great difference of opinion as to the benefits of serum therapy, and we belong to the class of the yet-to-be convinced of its merits.

Space forbids an enumeration of the various diseases treated; it is sufficient to say that the field of medicine has been well covered. In surgery we find the general trend during the past year has been in the direction of an enlightened conservatism. This has come none too soon, for the many so-called daring operations in which one operator seemed to vie with another in doing the most remarkable work, has resulted in much harm to the profession.

We note a few of the important topics that receive special attention: The real position of iodoform in surgery; formaldehyde as a disinfectant; the treatment of inoperable malignant tumors by the mixed toxins of the streptococcus of erysipelas; oophorectomy for retarding cancer of the breast; the treatment of certain forms of neuralgia; partial nephrectomy as a substitute in certain cases for complete nephrectomy; appendicitis, etc. There is much of interest and value in this section. While there has been very little that is startling in the field of obstetrics and gynecology, yet we find much to repay the reader.

The part devoted to pediatrics gives a great deal of attention to the etiology and pathology of children's diseases. Much is said of anti-toxin in the treatment of diphtheria. Infant feeding receives its usual attention—the section corresponding favorably with the other articles.

Drs. Genteras and Riesman, of Philadelphia, devote sixty pages to pathology. Following these are sections on nervous and mental diseases, orthopedic surgery, ophthalmology, diseases of nose and throat, cutaneous diseases, materia medica, anatomy, physiology, legal medicine, public hygiene, and preventive medicine.

The book covers the entire field, and I do not know where the practitioner can get as much for the outlay as in the Year-Book. R. L. T.

THE PSYCHOLOGY OF SUGGESTION. A research into the subconscious nature of man and society. By Boris Lidis, M. A., Ph. D., Associate in Psychology at the Pathological Institute of the New York State Hospital. Published by D. Appleton & Co., New York.

This book, by Dr. Lidis, will be read with interest by students of psychology. The fact that so high an authority on this subject as Prof. Wm. James, of Harvard, endorses it by writing an introduction to the work, will recommend it to many.

The doctor relates numerous instances where the results of hypnotic suggestion adds evidence to the theory of subconsciousness. Hysteria, insane delusion, double personality, and other abnormal mental conditions, are studied with the aim to get a deeper insight into the true nature of mind.

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The subject of psychology is receiving the attention of many students outside as well as inside the medical profession, and before long we may expect these investigations to account for, in a rational way, much which now passes as the mysterious, and is most easily made manifest in persons possessing a sensitive neurotic temperament; here the subconscious self and the abnormal self seem to come nearest to the normal man.

B. M.

SEXUAL NEURASTHENIA (Nervous Exhaustion): Its Hygiene, Symptoms, Causes, and Treatment. With a chapter on Diet for the Nervous. By George W. Beard, M. D. Edited, with notes and additions by A. D. Rockwell, M. D., formerly Professor of Electro Therapeutics in the New York Post-Graduate Medical School. 208 pages, octavo, price \$2.00. E. B. Treat & Co., New York.

This is the fifth edition of a valuable work, and is undoubtedly one of the best treatises extant upon the subject of sexual neurasthenia. The author enters fully into the subject, explaining the nature and varieties of neurasthenia, relation of neurasthenia to other diseases, sexual hygiene, and sexual erethism. A large number of illustrative cases are given. A chapter is devoted to diet of the nervous.

The treatment of neurasthenia is also given at length, including massage and electricity. Although the work is "old school," still we see frequently mentioned the familiar remedies scutellaria, epigea, eucalyptus, hydrastia, jaborandi, macrotys, podophyllin, and euonymus, which is gratifying, as we thus observe they are progressing. Every physician needs the work: it is full of valuable suggestions.

L. W.

HUGH WYNNE, Free Quaker, sometime Brevet Lieutenant-Colonel on the staff of His Excellency, General Washington. By Dr. S. Weir Mitchell. Illustrated by Howard Pyle. 2 vols., 566 pp. 12mo. \$2.00. The Century Co., New York, Publishers.

An historical novel of the American Revolution, and Dr. Mitchell's undoubted masterpiece. The story deals with social life in Philadelphia, during and before the Revolution, and with the exciting scenes of the Revolutionary War itself, the time covering a period from 1753 to 1783. Among the characters in the story are Washington, Franklin, Lafayette, Benedict Arnold, and Major Andre.

The chief interest we have in reviewing this novel in a medical journal lies in the fact that its author is a physician, in active practice in Philadelphia. In addition to the usual labors incident to a busy practice he has found time to write *seven* novels, *two* essays, and a collection of poems. Physicians who have made their mark in the literary field are rare, and Dr. Mitchell is undoubtedly next to Oliver Wendell Holmes in this direction.

ECLECTIC MEDICAL SOCIETIES.

We will esteem it a great favor if an officer in any Eclectic Medical Society auxiliary to the National Eclectic Medical Association will send us a corrected list of officers, when new officers have been elected or will call our attention to any errors in this list. We desire also the names of Eclectics on the different State Boards.

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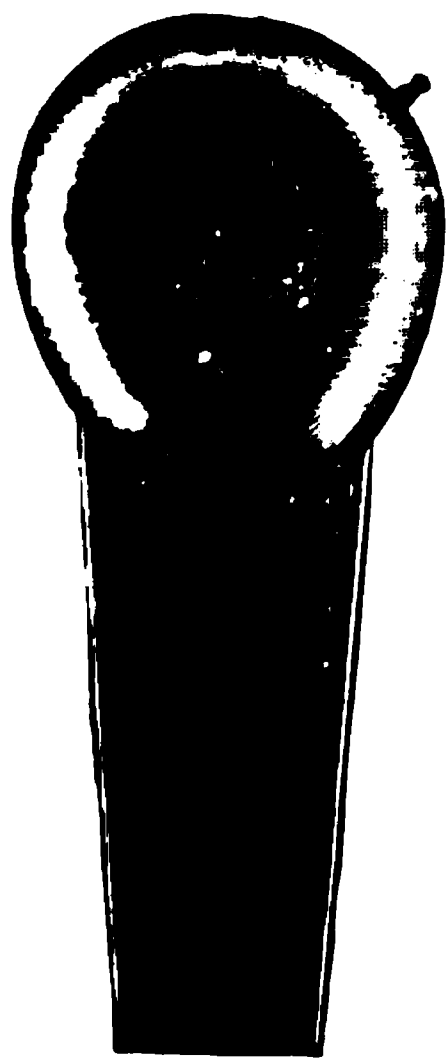
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NEBRASKA.—Officers: President, O. M. Moore, M. D., York; 1st vice-president, W. S. Yager, M. D., Omaha; 2nd vice-president, A. Opperman, M. D., Auburn; 3rd vice-president, C. H. Rush, M. D., Republican City; treasurer, I. D. Howard, M. D., Harvard; secretary, F. L. Wilmuth, M. D., Eagle; eclectic on Board, H. B. Cummins, Seward. Next annual meeting at Omaha, June 19-20, '98.

NEW HAMPSHIRE.—Officers: President, F. L. Gerald, M. D., Belmont; 1st vice-president, E. C. Chase, M. D., Orford; 2nd vice-president, E. H. Hildreth, M. D., Bethlehem; treasurer, W. H. True, Laconia; secretary, W. H. True, Laconia; secretary State Board, Irving A. Watson, M. D. Eclectic on Board, W. H. True, M. D., Laconia, and others. Next meeting Laconia June 29.

NEW ENGLAND.—Officers: President, Theophilus J. Batchelder, M. D., Machias, Maine; vice-president, Stephen B. Munn, M. D., Waterbury, Conn.; second vice-president, Percy L. Templeton, M. D., Montpelier, Vt.; third vice-president, Hoit E. Hunt, M. D., Hinesburg, Vt.; recording secretary, Wm. C. Hatch, M. D., New Sharon, Maine; assistant recording secretary, S. A. Blodgett, M. D., Newbury, Vt.; co. responding secretary, treasurer and librarian, Herschel N. Waite, M. D., Johnson, Vt. The next meeting of the association will be held in Portland, Me., May 25, 26, 27, '98.

NEW JERSEY. Officers: President, D. P. Borden, M. D., Patterson; vice-president, G. Edward Potter, M. D., Newark; treasurer, Anna T. Nivison, Newark; secretary, Amanda W. Taft, M. D., Newark. Eclectic on State Board, Dr. D. B. Borden, Patterson. Next meeting at Newark, May 12, '98.

NEW MEXICO.—G. S. Easterday, M. D., Albuquerque, eclectic member of Board.

NEW YORK.—Officers: President, I. J. Whitney, M. D., Unadilla; vice-president, D. A. Chase, M. D., Albany; treasurer, L. E. Horton, M. D., Avoca; recording secretary, S. A. Hardy, M. D., New York; corresponding secretary, E. B. Foote, M. D., New York; secretary Eclectic State Board, A. R. Tiel, M. D., Mattewan. Next meeting April 20th, in Carnegie Hall.

OHIO.—Officers: President, A. P. Taylor, M. D., Columbus; 1st vice-president, A. S. McKittrick, M. D., Kenton; 2nd vice-president, F. W. Schneerer, M. D., Norwalk; treasurer, R. C. Wintermute, M. D., Cincinnati; recording secretary, W. S. Turner, M. D., Waynesfield; corresponding secretary, F. O. Williams, M. D., Columbus; secretary State Board med., reg., Frank Winders, Columbus; eclectic member, D. Williams, Columbus. Next meeting, Columbus, May 17-19, '98.

OREGON.—Officers: President, R. O. Loggan, M. D., Philomath; 1st vice-president, H. E. Carrey, M. D., Baker City; 2nd vice president, James Surman, M. D., Portland; treasurer George W. McConnell, M. D., Newberg; recording secretary, W. S. Mott, M. D., Salem; corresponding secretary, J. M. Cain, M. D., Halsey; secretary State Board, Byron W. Miller, M. D., Portland; eclectic member, ———. Next meeting, ———.

PENNSYLVANIA.—Officers: President, Wood Fulton, M. D., New Castle; 1st vice-president, Winter O. Keffer, M. D., Coalport; 2nd vice-president, J. S. Dodge, M. D., Pittsburg; treasurer, J. R. Bangert, M. D., Shippensburg; recording secretary, John Kaye, M. D., Philadelphia; corresponding secretary, C. E. Spicer, M. D., Titusville; M. A. Kirk, M. D., Bellfonte, and others, eclectics on Board. Next meeting at Harrisburg, June 15-16, '98.

TENNESSEE.—Officers: President, A. Fowler, M. D., Union City; 1st vice-president, J. L. Jones, M. D., Only; 2nd vice-president, A. B. Young, M. D., Brownsville; treasurer, J. O. Cummins, M. D., Isom; recording secretary, T. E. Halbert, M. D., Nashville; corresponding secretary, E. M. Shephard, M. D., Granville; eclectic member of Board, W. H. Halbert, Nashville. Next meeting, Nashville, May 11 and 12, '98.

TEXAS.—Officers: President, T. J. Wells, Huchalay; treasurer, J. H. Mitchell, M. D., Dallas; recording secretary, L. S. Downs, M. D., Galveston; secretary, Chas. Dowdell, M. D., Ennis. Next meeting at Dallas, October 18, '98.

UTAH.—Officers: President, A. L. Davidson, M. D., Mt. Pleasant (removed); 1st vice-president, R. A. Hasbrouck, M. D., Salt Lake City; treasurer, J. W. Taylor, M. D., Salt Lake City; secretary, J. T. Taylor, M. D., Salt Lake City; eclectic member, B. Stringham, Bountiful.

WASHINGTON.—Officers: President, L. C. Whitford, M. D., Seattle; 1st vice-president, D. T. Richards, Kirkland; 2nd vice-president, W. M. Smith, Montesano; treasurer, Frank Brooks, M. D., Seattle; recording and corresponding secretary, R. L. Chase, M. D., Edmonds; eclectic member, J. H. Hoxsey, M. D., Spangle. Next meeting at Tacoma, Sept. 21, '98.

WEST VIRGINIA.—Officers: President, L. S. Riggs, Wheeling; 1st vice-president, W. F. Crow, Glen Easton; 2nd vice-president, W. D. Cline, Williamstown; recording secretary and treasurer, Mary Baron-Monroe, M. D., Wheeling; corresponding secretary, L. N. Yost, Fairmont. Meets at Fairmont, May 3 and 4, '98.

WISCONSIN.—Officers: President, C. E. Cole, M. D., Prairie du Chien; 1st vice-president, G. R. Hill, M. D., Kendall; 2nd vice-president, Mary Montgomery, M. D.; secretary, W. A. Pratt, M. D., Augusta; corresponding secretary, P. G. Hankwitz, Milwaukee; treasurer, I. F. Stillman, M. D., Kilbourne City; eclectic members of State Board Med. Ex., C. E. Quigg, Tomah, and H. M. Ludwig, Richland Centre. Next meeting at Milwaukee, May 24-27, '98.

PERSONALS.

Dr. J. M. Williams, E. M. I. '81,, flourishes at Owensville, Ind.

Dr. J. A. Munk, E. M. I. '69, does well at Los Angeles, Cal.

Dr. D. C. Ayers, E. M. I. '89, is happy at 1428 Dorr st., Toledo, O.

Dr. E. B. Bracy, E. M. I. '69, is wide awake at Mitchell, S. Dak.

Dr. B. F. Bunch, E. M. I. '84, is happy and hopeful at Meadville, Missouri.

Dr. G. F. Walker, E. M. I. '72, steadily strives for Eclectic interests and is very successful at 930 Magazine st., New Orleans, La.

Dr. W. Carl Dallanbaugh, E. M. I. '81, a hustler, is happy at 134 and 136 North First st., Olean, N. Y.

A very pleasant letter is before us from Dr. J. L. Coombs, Wash'n Univ. '51, of Grass Valley, Cal. He is the veteran Eclectic of his State.

Dr. J. B. Horner, Bennett, '82, of Davis City, Iowa, is President of the Leon Board U. S. Examining Surgeons.

Dr. E. A. Wolf, Georgia Coll. Ec. Med. and Surg, '92, continues steadfast in the faith at Dennison, O.

Dr. W. B. Duke, of Richwood, O., continues to do finely. He will soon have an efficient assistant in his son, who is in the '98 class, E. M. I.

MARRIED—at Opolousas, La., Dr. Seeley T. Pulliam, E. M. I. '97, to Miss Florence Q. Truman, on Feb. 2d, 1898.

DIED—at Chillicothe, Ill., Dr. Charles Johns, Bennett, '73. He was an active practitioner in Illinois for more than a quarter of a century.

Location in Genesee county, Mich. Address, with stamp, Dr. A. B. Clark, Swartz Creek, Mich.

Good country location at Galatea, Colo. For particulars address, with stamp, Mr. R. Bolinger, Galatea, Colo.

Location at New Boston, O.; 300 inhabitants, good pikes, three miles from Portsmouth. Address for particulars, with stamp, Dr. B. B. Blankmeyer, Portsmouth, O.

Country location in Kansas, where a young man can secure a good business from the start. For particulars address Dr. W. F. Boylan, Emporia, Kan.

Dr. A. S. Ross, of Sabetha, Kansas, will gladly direct several good Eclectics to excellent locations, where a living can be made from the start. Address him, enclosing a stamp.

Dr. J. L. Smith, E. M. I. '78, has "no reason to complain." He has good health and good business at Hoagland, Ind. His son is now at the E. M. Institute.

Dr. J. M. Hamblin, formerly of Westboro, Mo., has removed to St. Joseph, Mo., where he will be pleased to correspond with any Eclectics in the vicinity with a view of organizing a district medical association.

Dr. C. B. Dean, E. M. I. '92, formerly at Norborne, Mo., removed to Cerillos, N. Mexico, on account of the illness of his wife. She is improving in that dry climate.

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THE COSMOPOLITAN'S NEW HOME.

Dr. B. F. Felix, E. M. I., '86, enjoys a cerulean business beneath the cerulean-tinted skies of Cerulean Springs, Ky. He, himself, is of the "Royal Blue" brand.

Dr. T. F. Watts, E. M. I., '87, is the only Eclectic in his county. He is Health Officer, and a member of the U. S. Pension Examining Board. He is at Alma, Kansas.

Dr. E. S. Ador, of Bolivar, Mo., has been obliged to retire from practice on account of age and infirmity, and the people desire that an Eclectic locate there. Write the Doctor, enclosing stamp.

Dr. George Covert, E. M. I. '63, of Clinton, Wis., continues in robust health and able to do his forty miles a day. No physician in his territory does a bigger or better business than does he. We congratulate him.

Dr. Briant Stringham, E. M. I., '92, of Bountiful, Utah, has recently been appointed a member of the State Board of Medical Examiners. We congratulate him, and assure his Excellency, the Governor, that he made no mistake in this instance.

Dr. Geo. A. Knox, E. M. I., '93, was married January 6th, last, to Miss Louisa Verney. The Doctor is doing finely at No. 329 Second Avenue, Pittsburg, Pa. The JOURNAL congratulates him on his success, and joins a host of friends in wishing him and the bride a long life of unalloyed happiness.

FOR SALE.—\$2,000 to \$2,500 cash practice for sale in Northern California. This is the most desirable location for a well-educated physician, either single or married, of good address and temperate habits, in the State. Address Box 394 Chico, Butte County, California.

FOR SALE.—I have a practice netting \$4,000 a year that I desire to dispose of to some good Eclectic physician. It is located in a city of three thousand inhabitants, good schools and churches, and has a State institution and State school located in the city. To any young or middle aged Eclectic it would prove a lucrative position. For particulars address S. M. KESSLER, M. D., Golden, Colorado.

The eleventh annual meeting of the Cincinnati Eclectic Medical Society was held at the Eclectic Medical Institute Friday afternoon, February 4th. The election resulted as follows: President, O. P. McHenry, Hamilton, O.; 1st Vice President, Lee Strouse, Covington, Ky.; 2d Vice President, H. F. Scudder, Hartwell, O.; Secretary, Janet D. Quinn, Newport, Ky.; Treasurer, J. K. Scudder, Cincinnati, O. Board of Censors, F. J. Locke, Newport, Ky.; E. Behymer, Cincinnati; L. E. Russell, Cincinnati.

'READING NOTICES.

MIDLAND ROUTE CALIFORNIA EXCURSIONS.

Via the Chicago, Milwaukee & St. Paul Railway, to Los Angeles and Other Points in Southern California.

These popular every Saturday California excursions for both first and second class passengers are "personally conducted" by intelligent, competent and courteous "couriers," who will attend to the wants of all passengers en route. This is an entirely new feature of tourist car service and will be greatly appreciated by families or parties of friends traveling together, or by ladies traveling alone.

The Midland Route Tourist Cars are upholstered sleeping cars and are supplied with all the accessories necessary to make the journey comfortable and pleasant, and the sleeping berth rate is but \$6.00 (for two persons) from Chicago to California.

Ask the nearest ticket agent for a tourist car "folder," giving complete information about the Midland Route, or address "Eastern Manager Midland Route," No. 95 Adams street, Chicago, Ill., or Robt. C. Jones, Traveling Passenger Agent, Cincinnati, O.

A GOLDEN ERA is the title of an illustrated pamphlet issued by the general passenger department of the Chicago, Milwaukee and St. Paul Railway on mining in Colorado, California, and other Western States.

KLONDYKE is an illustrated folder about Alaska and its gold mines, with rates of fare and information as to how to get there and what to expect after arrival. Both publications may be had free of expense by sending four (4) cents in stamps to pay postage to Geo. H. Heafford, General Passenger Agent, Chicago, Ill.

RHEUMATISM.—There are many cases of rheumatism in its various forms, which otherwise prove most obstinate and unyielding, but which can be cured speedily and thoroughly by the use of Tongaline Liquid or Tongaline Tablets or Tongaline and Lithia Tablets, or Tongaline and Quinine Tablets, as the conditions may indicate, all to be taken at short intervals and washed down with plenty of hot water, as hot as the patient can bear it.

This treatment can be supplemented by the local application of Tongaline Liquid; or the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be avoided by the external use of Tongaline Liquid alone.

The affected parts should be sponged first with alcohol, then with Tongaline Liquid, and cloths saturated with the remedy held in apposition by oiled silk bandages, applying heat by a hot water bag or other convenient method to facilitate absorption. Tongaline Liquid, in like manner, may be given externally by the aid of electricity.

Improvements in the concentration of antitoxic serum have been in order from the first, but the most recent is by all odds the greatest. A serum of 1,900 antitoxic units is now supplied by H. K. Mulford Co., and constitutes the most highly concentrated product that has ever been offered to the medical profession. It marks a great advance, and reflects much credit upon the producers.

Report of two cases of tuberculosis treated with the Anti Tubercle Serum (Paquin), read before the Southern Illinois Medical Association by H. C. Mitchell, M. D., Carbondale, Ill.

Case I. Young woman, 17; single; tuberculous history; hemorrhages; sick eight months; all physical signs of tuberculosis; pulse, 120; temperature, 103; weight, 103. Under treatment of three weeks temperature became normal; all physical signs gradually improved; increase of weight; pulse, 90. She is apparently well and now weighs 132 lbs.

Case II. Young man, C. C., aged 21; tuberculous history; taken sick, December, 1894; slight hemorrhage; emaciated and very weak; pulse, 120; temperature, 101; respiration, 28; expectoration, heavy and purulent; right chest wall retracted, etc. Temperature, after three weeks, never above normal; gained rapidly in flesh and strength; cough entirely disappeared; been clerking in a store for two months; says he is entirely cured, and can do as much as he ever did with as much ease.

I have prescribed Sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy. J. F. SUYDAM, M. D., Alma, Mich.

GESTATION—ACCIDENTS PREVENTED.—The rule of many physicians is to administer Dioviurnia in teaspoonful doses, four times a day one week before the time for periods, during the last three months of gestation. Experience has convinced them that Dioviurnia not only prevents miscarriage, but also facilitates parturition. To obtain satisfactory results great care should be taken to avoid substitution by always indicating "Dios," and sending your descriptions only to such druggists as would not be guilty of this nefarious business.

I have given Bromide with success as a remedy for insomnia, especially where produced by excessive study or mental work.

DR. LUIGI SALUCCI Physician to the Holy Apostolic Palaces, the Vatican, Rome, September 1, 1898.

WM. GEDDES, M. D., 1720 14th St., Washington, D. C., says :

"Aletris Cordial has proven, in a case of dysmenhorrea of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated."

NEURECTOMY FOR TIC DOULOUREUX.—Bernays' "Report of a Surgical Clinic," complimentary to the members of the Mississippi Valley Medical Association, contains the following, in reference to his patient's condition and treatment before neurectomy for tic-douloureux was decided upon :

"Case V. The patient, aet. 50, white, female. Family history : has one sister, who suffered from emotional insanity ; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain : moderate heat produced a soothing effect. After two months the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary the pain increased in severity until October, when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief ; the pain became continuous until last June, when it again subsided for a period of six weeks. A recurrence then took place together with an involvement of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain, anti-kamnia in ten grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says : "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."

BUFFALO LITHIA WATER

**Albuminuria in Bright's Disease,
Pregnancy, or Scarlet Fever.**

DR. WM. H. DRUMMOND,

Professor of Medical Jurisprudence, Bishop's University, Montreal, Canada:—"In the Acute and Chronic Nephritis of Gouty and Rheumatic origin, as well as in the graver Albuminuria of Pregnancy, I have found Buffalo Lithia Water to act as a veritable antidote, and I know of no other agent possessing this quality.

DR. G. A. FOOTE,

of Warrenton, N. C., ex-President State Medical Society:—"In Bright's Disease of the Kidneys I have, in many cases, noted the disappearance of Albuminuria and Casts under the action of Buffalo Lithia Water, which I regard as the most efficacious of known remedies is this distressing malady, so difficult of successful treatment. I have also witnessed excellent results from this Water in Albuminuria of Pregnancy, and it is my habit to prescribe its free use in every case of pregnancy under my care, certainly after the sixth month, and I have yet to see any untoward result where my directions were obeyed. That the Water is a preventative of and antidotal to the causes producing nausea, headache and Puerperal Convulsions, in my opinion, admits of no question."

DR. WM. A. HAMMOND,

Surgeon-General (retired) U. S. Army: "I have used Buffalo Lithia Water in the Albuminuria of Pregnancy with remarkable effect. When taken in large quantities its influence in such cases is unmistakably beneficial. In one case of Puerperal Mania it was a powerful adjunct to the other means used to effect a cure. As a preventative of Puerperal Convulsions and Puerperal Mania I regard the Buffalo Lithia Water as most valuable. It should, with this view, form the constant beverage of pregnant women in the place of ordinary water. I have had considerable experience with this water in the treatment of Bright's Disease. I have witnessed the albuminuria of this affection, and also casts of the renal vessels, disappear on the use of the Water, and this not only in a single case, but in several of which I have full notes. It must in these cases also be taken in large quantities, and its use continued for a considerable time."

DR. J. T. DAVIDSON,

New Orleans, La., ex-President New Orleans Surgical and Medical Association, says: "I have for several years prescribed Buffalo Lithia Water in all cases of Scarlet Fever, directing it to be drunk ad libitum, with the effect of relieving all traces of albumen in the urine, and have found it equally efficacious in renal diseases requiring the use of alkaline water."

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The progress in this line has been phenomenal. From a small cutler shop fifty years ago, with a few surgeon's knives, this business has developed into a vast enterprise, which has become a very important factor in the mercantile world.

The pioneer surgical instrument makers in the West, while one of the most extensive manufacturers to-day, Max Woehner & Son, of Cincinnati, have certainly gained the confidence of their extensive patronage, shown by their constantly increasing business.

We illustrate herewith several sketches showing a few of

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trolling and adapting

the high voltage incandescent current for galvanic, faradic, and sinusoidal therapeutic uses, and for electro cautery and illuminating purposes.

The chemical glassware and laboratory department is also quite interesting, containing the various incubators for the propagation of the innumerable germs, water baths, sterilizers, hot ovens, microscopes, staining, imbedding, and culture media--in fact, everything requisite for the chemical and microscopical laboratory.

Tablets and triturates have recently been added to the stock of this firm. In this line the dispensing physician will find a choice of thousands of the best and most desirable formulas, put up by well known manufacturing chemists.

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ORIGINAL COMMUNICATIONS

THE HYGIENE OF THE EYES OF SCHOOL CHILDREN.

By Prof. Frank Cornwall, M. D., San Francisco, Cal.

MY reason for the choice of this subject is that there is great need of more knowledge than is possessed by the profession, and that some things have been omitted by those who have written in this line.

One of the pressing evils of to-day is the harm done to the immature by the over schooling, and to whom shall we look for guidance in this department of sanitation, if not the profession of medicine? Eclectics should not neglect to perform their share of the work that has to do with prevention of disease, nor should they be found wanting in the publication of knowledge by which the race may become improved mentally and physically. Writers for our state and national conventions should be encouraged to investigate and write a part of their papers on subjects having to do with the public weal in all lines of sanitation, and psychological and physiological subjects should not be neglected. In this way they may creditably attract the attention of the better classes of people.

Writers in this country have imitated Europeans, and all, it seems, have copied from Germany when making their observations. That Germans were the pioneers must be admitted, but first works are not always the best, and what applies to one people will not always apply to another. The Germans confined themselves greatly—in fact almost entirely—to myopia, ignoring many of the ills coming from astigmatism and hyperopia. Eye-strain coming from unbalanced states of the muscles were not, and are not now, mentioned. There is no doubt

but that the Germans are more predisposed to progressive myopia than Americans. This may be inherent in the race, but it more likely comes from their greater tendency to long hours of work, and also to the fact that more of their population are or have been artisans.

In consequence of the facts above noted, I shall not give the prominence to the consideration of myopia that otherwise might be done, but will confine myself more particularly to the disturbances of the eyes characteristic of Americans. The classification of my subject will be: 1, Myopia; 2, Astigmatism; 3, Hyperopia; 4, Unbalanced States of the Muscles of Mobility; 5, Sanitary Arrangement of School Houses.

MYOPIA.—All children are born hyperopic, and the presumption is, that savages remain so, or at most emmetropic. Myopia, then, is a creation of civilization, and is caused by the unphysiological use of the eyes at the near point. Myopia differs from other anomalies of refraction in being a disease. It is caused apparently by the pressure of the recti muscles at the equator of the globe. The point of least resistance is at the posterior pole, and the bulging (posterior staphyloma) at this point, by stretching the sclerotic, creates disturbances of the choroid, and secondarily of the optic nerve and retina. The eyeball being thus elongated in its antero-posterior diameter, the focus of the cornea and crystalline falls in front of the retina. When objects are brought near, the focal distance is increased and thus falls upon the retina.

The name myopia was given to this affection before its pathological nature was known. It had better have been called *staphyloma posticum*. It follows that bad print and imperfect light would be conditions calculated to aggravate the causes of progressive myopia, and that, if our citizens who are entrusted with these departments of our schools are ignorant on these subjects, it will be worse for the pupils. Large type, heavily leaded, with a book rest placed in such a position as to keep the pupil's head erect, with sufficient light coming from the left side and behind, will save much of the strain that injures immature eyes.

Amblyopia from astigmatism in connection with myopia, is an aggravating circumstance, but this part of the subject will be treated of later.

ASTIGMATISM.—This is a condition of the eye in which the combined curvature of the cornea and crystalline lens are unequal in their different diameters, and is congenital and unvarying in degree from birth to death. It may change in the progress of the myopia from a hyperopic astigmatism to myopic astigmatism, but the curves remain the same. The imperfect focus, the result of this defect, not only puts the eye to great strain in its muscle of accommodation, but in its attempt to overcome the wrong, the amblyopia forces the retinal strain which is created of various reflex disturbances. Astigmatism differs from myopia in this, that whereas the myope sees poorly at a distance,

in moderate degrees it enlarges the retinal image, and to this extent favors the pupil while reading, but makes black-board work impossible. The hyperope sees well and easily at a distance, while he suffers from accommodative asthenopia at the near point, while the astigmatic sees equally bad at the near and far point.

HYPEROPIA.—The writer made an examination of one hundred country school teachers who were in attendance at a State convention. Only six of these were sufferers from myopia, while the remainder had asthenopia from myopic and hyperopic astigmatism and hyperopia. They were almost all descendants of American parents. In cities where the school population is made up of children largely whose parents are European, the tendency to myopia would be greater. It is likely, also, that the teachers' parents were almost all denizens of the country and farmers, and that the teachers themselves were raised in the country.

I have made this digression to show that the statistics of American schools would show very slight tendencies toward myopia, as compared to what might be expected from tables presented to us from examinations in Europe, or even in our old Eastern cities. Hyperopia is a condition of the eye in which the diameter from before back (antero posterior diameter) is too short for the focus of the cornea and lens, and which requires that the lens be kept in a perpetual condition of extra curvature that a focus be had on the retina. This is called by ophthalmologists *spasm of accommodation*, and is a muscular act. Moderately high degrees of hyperopia give rise to more distress than very high degrees, inasmuch as in the latter no attempt to overcome it is made by the accommodative apparatus; while in the former it is likely it will be all overcome. This muscular strain is a common cause for migraine, chorea, epilepsy, etc., and the individual who would refuse to have his child wear correcting glasses would be, in the light of modern scientific knowledge, guilty of cruelty.

THE METHODS USUALLY FOLLOWED TO OBTAIN STATISTICS OF SCHOOL CHILDREN'S EYES.—I wish to show that the examinations of school children's eyes, as commonly made, are of no probable good. The work is almost always done hurriedly, and without the aid of midriatics by which spasms of accommodation are overcome. As previously remarked, the young hyperope overcomes the greater part of this defect; and this is not only the case, but those whose eyes are hyperopic by reason of local hyperesthesia and general nervous conditions, quite commonly measure myopic. In this way astigmatism is frequently created, and sometimes, when actually present, is overcome, so that records made in the natural state of the eye are incorrect and of no use whatever. In private practice, after a length of time and a great number of examinations somewhere near a correct diagnosis can be made; but in the little time taken by the ordinary methods employed in schools, nothing more can be determined than that *probably* an error of refraction exists.

My claim is that the teacher may be instructed so that he can determine this even better than the oculist, from the fact that he (the teacher) has the continual observation of the pupil. Private schools, and in a few instances public ones, in the East, have this department conducted in this way, and it has resulted most satisfactorily. When, from the habit of the pupil in reading, or from complaints made of headache or eye-fag, the teacher concludes it proper, he makes simple tests which may convince him that it is necessary, when a note is sent to the parent that the pupil should be examined by an oculist for a proper correction of the defect. It may be claimed that many parents are too poor to pay the office fee of the oculist. I would answer this by stating that the imperfect diagnosis by the oculist in the school, leaves the pupil in the same state. Oculists create correct statistics in many instances in private schools, seminaries and colleges, wherein the numbers are not great, and where some kind of compensation is made for the time spent and pains taken. As a rough guess I would state that it would require a year for an oculist to examine properly all the school children in San Francisco, working ten hours a day. Who is there to make this sacrifice?

AFFECTIONS DUE TO UNBALANCED STATES OF THE MUSCLES OF MOBILITY.—In reports of eye defects of school children, with very slight exceptions, nothing has been written of defects in the muscular apparatus. This, it might seem, must come from the disposition of American writers to follow in the lines of continental observers. With all due respect to the illustrious German scientists who led, years ago, in the development of ophthalmic science, I must give credit to the genius of my own countrymen, particularly when it is necessary to draw the attention of the profession to so important a part of the hygiene of school children.

Due to cranial shapes, inequalities of the orbital diameters give advantage or disadvantage to one set of muscles over that of their opponents, so that there is always a tendency of the eyes toward the stronger set of muscles. This may be so great as to create strabismus, but which occurs only where errors of refraction co-exist, or from periods of weakness when binocular vision can not be maintained. Hyperopia induces a tendency to increase convergence, and myopia to lessen convergence, and this undoubtedly accounts for many cases of strabismus divergens and convergens; but when the wider field of muscular anomalies is well known, it will no longer be thought to be the cause of these disturbances. There are almost as many cases of tendency to divergence of the visual axes in hyperopes as convergence, and the same may be said in myopia. This occurs, it would seem, in spite of the law that excessive accommodation creates a tendency to extra convergence, or that an absence of the necessity for convergence will induce a corresponding lack of incentive to convergence. In the case of the tendency for one eye to find its place of rest above or below its fellow, errors of refraction could not be said to play

a part, and the only rational cause must be looked for in the natural advantage one set of muscles has over the others. In extreme cases of the latter (hyperphoria) the orbits are noticeably not on a horizontal plane, and the one in which the eye rests higher is always also above.

Leaving out of this discussion when and how these cranial inequalities take place, which of itself would be of great interest, the one to be discussed here is their effect on harmonious binocular sight. There are those whose eyes are very close together, and others too far apart. These conditions must play a part in the binocular act, as would also the width apart of the apices of the orbits where most of the muscles have their origin. Some have their orbits (the bases) wide apart, whose crania are narrow, but this is not frequent, while it is common for those whose pupillary distance is slight, who have wide crania.

There is another class of cases wherein both eyes find their place of rest above or below the horizon. This causes the individual to carry the head forward or backward.

Among adult patients fully one third who visit the oculist for relief of eye distresses have muscular defects (inequalities of muscular action), which play important parts in their causation. It may be admitted that in the young the proportion may be less wherein the necessity exists for the muscular correction, but it is sure that many aggravated cases exist, and should receive the most careful attention.

In many of our schools (in the Eastern States), teachers are trained to make examinations of the eyes to determine if the pupil should be sent to the oculist.

It is claimed that the tests for muscular defects should be added to those for the detection of myopia, hyperopia, and astigmatism. I have a young lady, aged 17, at the present time, whose refraction defect is so slight that little trouble would have come of it, but whose hyperphoria is so great that while standing erect and a spirit level is placed in front of the eyes, one pupil is its width above the other, and yet this child has gone through the hands of oculists with the simple fitting of glasses for slight astigmatism, from which, as a matter of course, there was no relief.

Most oculists recognize what is termed in the old nomenclature, insufficiency of the interni, and the test is given at the near point; and are disposed to ignore or do not discover insufficiency of the externi. The latter defect does not, as can readily be seen, distress the patient at near work, but in the case of the school pupil, would do the greatest harm at black board or distant eye-work.

ILLUMINATION AND FURNISHINGS OF THE SCHOOL ROOM.—This department of sanitation that has to do with the vision of pupils has received due attention, and perhaps the knowledge developed has been quite satisfactory. Architects have co-operated with those whose observation regarding the needs of the school pupil is correct. If any set of officials build a school-house improperly illuminated now, it will not

be for want of good authorities wherein contract models are given. The greatest existing fault remaining is the want of proper seating. At first thought the reader may not conceive how the seat would have anything to do with the use of the eyes. It is in this way: the physiological position that gives the eyes the least strain while looking is with the head erect, that the visual lines be directed downward and from a horizontal plane about twenty degrees. Now, if the seat be too deep for the length of the thigh, too low or too high, it will be difficult to have the pupil maintain this correct position. When a seat is made just as it should be, the pupil, in keeping the center of gravity, will naturally sit erect. To prevent the pupil from the baneful habit of looking down at his book, a movable book-rack should be so placed as to bring the book at a proper height and distance from the eyes. Each seat should be separate, and varieties should be furnished from which to select. Each pupil should have the length of thigh taken and the length of the leg from the knee down. The height of the desk should be so that when the pupil is sitting in the chosen chair erect the elbows will rest upon it. The old-fashioned seats in common use are criminally abominable. Imagine yourself, adult five feet ten inches in height, compelled to sit on a chair four feet high, with a depth of seat about the same. Of course, modern school-houses have different sized seats for the different grades, but they are, so far as I have observed, not properly arranged to preserve the erect position of the pupil, and no measurements are taken for individual seats. There is much room for improvement in this line, and in behalf of the rising generation, it is to be hoped it will come very soon.

THE NEWER MATERIA MEDICA. II. ASEPSIN.

By Prof. H. W. Felter, M. D., Cincinnati.

A SEPSIN.—The trade name of a compound prepared from wintergreen oil.

Formula: $C_8H_7O_3Na$. *Molecular Weight:* 150.64.

History, Preparation, and Description.—Asepsin, so named by Prof. A. J. Howe as a trade-mark name, is a compound made of oil of wintergreen (oleum gaultheria), and introduced as a remedy under the above trade name. This substance is a definite sodium compound of the above composition. It is a white crystalline powder, nearly insoluble in cold alcohol, chloroform, and ether, but soluble in boiling alcohol and ether. It is perfectly and readily soluble in both cold and hot water. Asepsin has a sharp, sweetish taste, and the agreeable odor and flavor of oil of wintergreen. It has an alkaline reaction, and nearly all acids decompose it, producing wintergreen oil.

Action, Medicinal Uses, and Dosage.—Asepsin is one of the most important of the more recent introductions into medicine, and in the Eclectic school is the most extensively employed agent for antiseptic

purposes where putridity is to be overcome. Applied to the skin in solutions of greater or less density, it imparts to the surface a sensation of slipperiness. If the skin be unbroken a sensation of warmth is very quickly produced by even a ten per cent. solution. Stronger solutions slightly redden the skin, and impart a feeling of stiffness. Applied to the mucous tissues it acts energetically. It slightly liquefies albumen, differing thereby from carbolic and salicylic acids in not causing coagulation and consequent hardening of the tissues.

Taken internally asepsin imparts a feeling of warmth, and in doses of a grain or upwards causes an appreciable rise in the body temperature, and quickens respiratory action. The renal and cutaneous functions are also augmented by it. Large doses cause intense burning in the stomach, with dryness of the fauces, and these sensations may extend to the rectum after an evacuation. It does not appear to be readily absorbed, as most of it, as shown by its odor, passes through the bowels as methyl salicylate. However, small doses, well triturated with starch or milk sugar, appear to be taken up by the blood, and may be detected in the urine by the test for salicylic acid, the odor of wintergreen, however, persisting. Pepsin, pancreatin, and other similar ferments, are not affected by asepsin. On the contrary, minute doses encourage digestion.

Asepsin possesses decided antiputrefactive and antifermentative properties. When fermentation and putrefaction are brought about by the presence of formed ferments they are promptly arrested by the exhibition of asepsin. The remarkable preservative power of asepsin was well illustrated in the experiments conducted by Prof. Lyman Watkins, M. D. Comparative tests were made with distilled water, mercuric chloride sodium, and solution of asepsin. Fish, beef, and mutton were immersed in these solutions, and kept in moderately warm situations. The preservative power of the asepsin solution proved greater than that of the others, the flesh being preserved about three times as long as by the bichloride solution (1 to 20,000). Not only did the asepsin retard decomposition, but checked the decomposition already proceeding in a piece of the flesh removed from one of the other solutions. Neither did it attack the flesh, which showed no change under the microscope, whereas that subjected to the action of corrosive sublimate exhibited a white film of coagulated albumen. It effectually checks alcoholic fermentation in cider (see below).

Therapeutically asepsin is an agent of great value. Internally exhibited it acts as a corrector and preventer of fermentation and putrefaction. Many have employed it in small doses as an intestinal antiseptic in cholera infantum, dysentery, and typhoid fever. The dose, however, should be but a fraction of a grain, lest an increase of temperature be provoked. Asepsin is exceedingly useful in flatulent conditions of the stomach and bowels. In minute doses it favors digestion, and may be employed where digestion is sluggish, and the meal is followed by offensive ructus. In gastro-intestinal disorders it acts

best after excessive acidity has been first modified by the indicated alkali. Though alkaline itself, it is often insufficient to entirely overcome such conditions, hence its association with the carbonates, as magnesia, and particularly with sodium bicarbonate. Fearn recommends a combination of the latter character prepared as follows:

R—Asepsin grs. v to xv; sodium bicarbonate, $\bar{3}$ j. Triturate well. Dose, 1 to 3 grains.

This, like asepsin alone, is indicated by the clean, white tongue, with pallor of the membranes, gastric fermentation, and flatulence and atony, associated with gaseous distension of the abdomen. A dusky coloration of the membranes also indicates asepsin. In dyspeptic disorders Prof. McMillan associates with it pepsin or hydrastis as indicated; it may also be combined with papoid, ingluvin, nux vomica, etc., and similar digestive ferments and tonics. When a cadaverous fetor contaminates the breath we have added to its solution potassium chlorate, and with a dirty, pasty tongue, with a mawkish, unpleasant odor short of cadaveric, sodium sulphite. In many of the disorders in which asepsin may be exhibited internally it may be added to the solutions of other medicines, serving at the same time to prevent them from decomposition, especially in hot weather. Thus it may be given with nux vomica, hydrastis (with Lloyd's hydrastis it forms a precipitate), etc. Combined with resinous alcoholic preparations, such as podophyllum, macrotys, etc., it serves to make better mixtures, and seemingly renders them more efficient. This is particularly true of macrotys in rheumatism, the asepsin, like other methyl salicylates, undoubtedly possessing antirheumatic qualities. It must be remembered, however, that asepsin, on account of its strong alkalinity, should not be added to solutions containing considerable amounts of toxic alkaloids, as belladonna, aconite, gelsemium, etc., lest, by precipitation of these bases, the patient's life be endangered by getting a large dose of the deposited alkaloids when the last doses of medicine in the glass or bottle are administered. Stomachic and intestinal dyspepsia of catarrhal forms are benefited by asepsin, and it is one of the best agents to control that unpleasant rolling of gases in the bowels (borborygmus) so annoying to women. Asepsin may be administered in gastric cancer to overcome the stench; it is also useful in gastric ulcer. Diarrhea, with fetid evacuations, is benefited by asepsin. Asepsin has been also used internally in scarlatina and diphtheria, chiefly for its stimulating and disinfecting action. Asepsin appears to be capable of restraining passive hemorrhage. Prof. R. L. Thomas (*Eclectic Med. Jour.* 1888, p. 71) reports a case of severe and alarming hemorrhage from a uterine fibroid, from which the patient was gradually becoming anemic and dropsical. Six weeks treatment with—R Asepsin, grs. x; aqua, f $\bar{3}$ iv; mix; teaspoonful every $\frac{1}{2}$ or 1 hour during the hemorrhage, and four times a day during the interval, cured the patient.

As a local antiseptic, asepsin has had a more extended use in the Eclectic school than any other topical agent of this class. Very dilute solutions act as a pleasant cleansing agent; solutions of 20 per cent. or higher are mildly caustic, but do not leave a scar nor dry the secretions. Wounds treated with asepsin or asepsin in hamamelis heal kindly. Applied to cancerous growths, its deodorant effects are remarkable. Applied to an extensive and foul cancer after death, it removed the odor so effectually that no stench could be observed at the time of burial three days later. It is useful to assist in curing and removing fetor from foul and intractable scrofulous ulcers and buboes; offensive armpits and fetid feet are deodorized by it. Applied to burns it controls the pain and promotes healing, with less tendency to cicatrization than by other forms of treatment. A cerate or ointment of it may be applied, having previously well washed the parts with a moderately strong solution of asepsin in water. An elegant dressing for burns, scalds, cuts, abrasions, lacerations, and contusions, consists of a solution of 5 to 10 grains of asepsin in one fluid ounce of distilled hamamelis. In all surgical operations asepsin may be used in solution as a wash, and applied in trituration or solution as a dressing. Dr. A. P. Taylor employs a solution of 3 grains of asepsin to 1 ounce of water to wash out thoracic abscesses. Many skin affections requiring alkaline medication and strict cleanliness may be treated with a solution or ointment of asepsin. It is especially useful in rhus poisoning, porrigo, chronic eczema, and crusta lactea. A solution of asepsin, or combined with hamamelis, sodium sulphite, or potassium chlorate, is very effectual in the angina of scarlatina, and assists in removing the false membrane in diphtheria. Vegetative growths may be removed with a 20 per cent. solution of asepsin. Cloths wetted with asepsin solution ($7\frac{1}{2}$ grains to water \mathcal{Oj}) and applied to the breasts may abort mammary abscess, when irritable and chapped nipples are a complication. Mixed with egg albumen it also forms a good application to sore nipples. To cure foul, indolent tibial ulcers, Prof. John Fearn recommends the addition of five grains of asepsin to one ounce of ointment of *Umbellularia californica* (leaves, 8 ounces; petrolatum, 1 pound; cook until crisp, and strain), the parts having first been washed with a solution of asepsin. An ointment of asepsin has given excellent results in pruritus ani. Triturated with an equal amount of bismuth subnitrate and applied locally, associating with this the internal administration of apis, podophyllum, and hamamelis, it has cured a long-standing case of piles. [Dr. W. P. Best, *Ec. Med. Jour.* 1894.]

Asepsin has a wide application in gynecological and obstetrical practice. For foul-smelling, acrid leucorrhea, a wash of asepsin forms an effectual treatment, and more especially if combined with borax. As a cleansing and deodorant application after labor it has no superior. An injection of hot asepsinized water, with or without the addition of borax or potassium chlorate, does excellent service in cleansing the parts of the foul discharges due to fragments of retained placenta,

the womb being first curetted, and in removing offensive lochial accumulations. It has thus rendered excellent service after the birth of dead and decayed fetuses. Gonorrhea in the female, as well as in the male, is well treated by a small portion of asepsin ($\frac{1}{2}$ grain) in about four fluid ounces of warm water or liquid albolene.

Asepsin is extensively employed in the treatment of catarrhal disorders of the nose and naso-pharynx. Its agreeable odor, stimulant effects, and cleansing powers make it particularly desirable for this purpose. It may be used alone or in combination with other agents, generally in solution, in water, liquid albolene, or colorless hydrastis, as a douche or spray. It is particularly adapted to ozena. An ointment is sometimes used in mild cases. It is one of the few agents that give decided relief in periodical hyperesthetic rhinitis, or hay fever. For this purpose the following ointment may be used to relieve the distressing irritation and consequent sneezing :

R—Asepsin, gra. vj; cocaine hydrochlorate, gr. j; petrolatum, $\bar{3}$ j. Mix. Sig. Apply to mucous membrane of the nose as needed.

A solution of menthol and asepsin in liquid albolene is also effectual in this disorder.

A solution of asepsin is very useful as an ordinary gargle and mouth-wash to cleanse the parts of foul accumulations. For this purpose it is often desirable in typhoid and other fevers, and particularly for the insane, who are prone to allow particles of food to accumulate upon the teeth, which give rise to dental caries and offensive breath. Combined with chalk, orris-root, or charcoal, it forms a useful dentifrice. F. I. Sumner, D. D. S. (paper before the twenty-seventh annual meeting of the Sixth District Dental Society of New York) recommends solution of asepsin for syringing cavities previous to treating or filling. For removing stains from the enamel, he employs the following with which to apply powdered pumice to the teeth :

R $\frac{1}{2}$ —Asepsin, 3j; alcohol, 3iv; glycerin, 3xij. Mix by agitation.

He also advises the foregoing liquid asepsin as preferable to other antiseptics, being non-injurious to the metallic surfaces, for disinfecting instruments and mouth-mirrors. The glycerin, by leaving a transparent film on the glass, also serves to prevent clouding of the mirror by the patient's breath. Sprinkling a little asepsin in the water before preparing plaster for impressions is also advised to modify the unpleasant flavor of the mass. Putrescent dental pulp may be treated with asepsin, and kneaded with gutta-percha it may be utilized for root-filling. Its pleasant odor and flavor, and its freedom from poisonous and corrosive qualities, make it one of the best of antiseptics for dental operations.

Asepsin may be used in place of the more dangerous antiseptics in ocular surgery. For this purpose one grain of asepsin to one fluid ounce of distilled water is a desirable strength. It prevents purulent complications and keeps the traumatic surfaces in a healthy condition. The commoner local medicines (silver nitrate excepted) employed in

ocular therapeutics may be dissolved in the above solution. It will prevent a sediment forming in cocaine solutions (W. P. Biles, *Eclec. Med. Jour.* 1896, p 504). Conjunctival inflammations, and particularly catarrhal and purulent forms of conjunctivitis, are benefited by cleansing washes of asepsinated water.

Asepsin, as pointed out by Dr. Albert Saylor, is an excellent preservative of cider. The following mixture is advised for a barrel of cider (45 gallons): Take of strong alcohol 10 fluid ounces; oil of sassafras, $\frac{1}{2}$ fluid ounce; asepsin, $\frac{3}{4}$ ounce. Mix in a bottle in the order named. If the cider be clear of pomace add at once; if not clear, allow it to stand a day before adding the preservative. Such a cider Dr. Saylor advises in doses of two glasses a day, in persons inclined to muscular and arthritic rheumatism, which treatment he claims is effectual as a preventive of these disorders.

The dose of asepsin for internal use ranges from the fraction of a grain to $\frac{1}{2}$ and rarely 1 grain. As a local application solutions varying from 1 to 20 per cent. may be employed as circumstances warrant. Ointments and liquid albolene solutions may be used of similar strengths. Of the compound powder of asepsin (grs. x to xv) and sodium bicarbonate (3j) the dose may range from 1 to 20 grains. A solution of borated asepsin, advised for internal and external use, is prepared by Prof. Fearn as follows: Take of asepsin 3j ; glycerin, f3ij ; sodii boras, 3j ; aqua distillata, f3vj . Place the asepsin in a mortar, and little by little add the glycerin, triturating until well mixed. Make a solution of the borax and distilled water, and lastly mix the two solutions by agitation. Besides the uses above mentioned, this solution may be used as a spray or wash for purulent conjunctivitis and as a wash for bladder affections.

Specific Indications and Uses.—Fermentation and putrefaction; pale tongue, or dusky discoloration of throat and tongue; fermentative dyspepsia, with atony, flatulence, and colicky pain; abdominal tympanites; borborygmus; prune-juice evacuations; feeble capillary circulation, with tendency to breaking down of tissues; rhus poisoning, ulcerations, etc. A general antiseptic for surgical, gynecological and obstetrical manipulations.

Preparations.—*Aseptanilide.*—Dr. B. K. Jones, of Kenton, O., has formulated a combination of asepsin 5 grains, and acetanilid 1 ounce, which he regards as an excellent remedy for various forms of headache, and especially those characterized by sharp, lancinating pains. If taken early, before the stage of nausea ensues, it will abort sick headache and sea-sickness. Externally employed, Dr. Jones declares it an admirable dry dressing for wounds, etc. He suggests for this compound the name *aseptanilide*.

Asepsin Soap.—This is a pure animal fat (tallow) soap, into which is incorporated borax and asepsin. It comes in rounded, oblong cakes of a pearly, pale, bluish white color, approaching to olive, and has a somewhat foliaceous appearance. It is not perfumed, but possesses a

clear, tallow-like odor, pleasantly modified by the presence of the asepsin it contains. It is perfectly non-irritating, and is the only medicated soap exclusively of Eclectic pharmacy. Asepsin soap is used both as a medicated soap for skin affections and as a toilet soap. Originally intended only for professional use, the laity have learned that a soap possessed of its cleansing qualities, and which leaves no odor on the skin, and is unchangeable under atmospheric influences, is the most desirable soap for toilet purposes.

Asepsin soap may be employed with safety and benefit whenever soap is desired in surgical, obstetrical, or gynæcological manipulations, and is unsurpassed as a general cosmetic soap, particularly for the toilet of infants. Perfectly unirritating, it may be used on the most delicate skin, and employed where the cutaneous surface is rough and dry, and the sebaceous functions imperfect. It renders the skin soft and pliable. Acne, comedones, milium, seborrhœa, herpes, impetigo, pruritic disorders, and parasitic, syphilitic, and ulcerative affections are benefited when a part of the treatment consists of the application of this soap. It hastens desquamation after the exanthemata. It removes dandruff, crusts, and greasiness of the scalp. In dry, scaly forms of eczema its application forms an important part of the treatment, and excellent results have followed its use in acute and chronic rhus poisoning. For its medicinal effects a thick lather may be applied and left to dry upon the parts, or in some instances, after remaining upon the skin for from 15 to 30 minutes, the lather should be removed from the surface with hot or cold water, as indicated.

TISSUE FEEDING.*

By W. C. Cooper, M. D., Cleves, O.

IT may be conceded that dietetics wears the shoulder-straps in the vital procession. And yet I would not be understood as endorsing what is meant by the "Food cure." It is a one-ideaism, and therefore holds but a fraction of the whole truth. There are a few basic facts pertaining to digestion and nutrition which should be accented and treasured. There are a whole lot of them which constitute merely ornamental knowledge. It is nice—it is more, it is *au fait*—to know that inherent to saliva is a diastasic ferment, called ptyalism; that this converts insoluble starch into soluble dextrine, which, through another influence, becomes glucose. The series is a good lingual-tipper, to be slashed into the teeth of the knowledgeable layman who may presume to question your infallibility. What is true of this is true of the rest of the chain which ends at least with succus entericus.

The thing to remember is that food should be well masticated, because only this insures in thorough insalivation. This applies to those only who are well enough to eat solid food. The very sick

* Read before the Cincinnati Eclectic Medical Society.

should ingest only liquid food. This is because the powers of the digestive apparatus go down evenly with those pertaining to any other function. The most generally representative foods are milk and eggs. But these are very concentrated, and must be diluted to a degree corresponding to the prostration of the patient. It is needless to say that dairy milk will require little, if any, diluting. The *very* sick cannot digest eggs, however much they may be diluted. The *extremely* sick should have no food but that simplest and most grateful and absorbable of all—water.

But all this is merely hygiene, and its application is curative in a negative sense alone. Every educated physician is presumed to know what *not* to feed his patients. There is no such thing as a positive remedial food method. Such a healing system would have to depend upon the proposition that the artificial may be superior to the natural. The absurdity of this is seen in the fact that the artificial derived its existence from the natural. This objection applies particularly to those fundamental processes in which art seeks to compete with or rival nature.

To illuminate these argumentative statements: Dr. Jones, who is so phenomenally keen as a diagnostician that he is a total failure as a therapist, discovers that there is a lack of albumin in the blood and tissues of Mr. Brown. This lack, he assumes, constitutes the disease. How do we dissipate lacks? is the question that suggests itself. "By supplying them," Jones answers, and he answers truly. Without wading any deeper, Jones goes to feeding his patient albuminous foods, with the perfectly natural result of making him worse. He has committed the capital error of mistaking an effect for its cause, or if not that, he has concluded to reverse an eternal law by abolishing a cause through dissipation of its effect. Under the latter hypothesis, Jones probably reasoned thus: "If I can take a garter-snake by the tail and snap its head off, why can't I do the same with disease?"

Jones will go on doing like this. Whatever medicines he may give, they will be re-inforced by a dietetic regimen instituted deferentially to the principles which controlled his acts in the case of Brown. One patient will lack hydro-carbons; another, carbo-hydrates; another, minerals; and these patients will be fed referentially to these respective lacks. What Brown needs is simply nourishing, and above all, *digestible* food, and a medicine which will express itself specifically upon the fundamental lesion, whatever and wherever that is. I submit that in making this statement I enunciate a truth which compasses every dimension of medical philosophy. If that is a fact, think what an appalling number of Dr. Joneses there are!

Out of this spurious doctrine of food-cure has been evolved the no less untenable theory of tissue feeding. Almost all physicians, of whatever school, are more or less tainted with this fallacy. It is exceptional to meet a doctor who does not tacitly assume that certain

medicines are assimilated, and that they thus supply a want. This is to commit the double error of first construing medicine to be a food, and then assuming that Art is a better histogenetic caterer than is Nature.

What doctor, for instance, has not given some preparation of phosphorus for brain fag, or neurasthenia? What doctor has not exhibited lime in some form for tardy or defective ossification? What physician does not think of iron the moment anemia is mentioned? And yet, every time you do this kind of a thing, and still profess an adherence to causal treatment, you are assuming that the disease you are treating is *turned end for end*.

In this connection I want to warn these students against catching the lay method of thought in reference to tonics. There is no tonic outside the hygienic realm. There is no medicine that imparts tone to the human or any other organism. The most any medicine can do along this line—and we should be immeasurably thankful for that—is to stimulate the digestive or assimilative function, and thus render recuperation possible. But the word “tonic,” as applied to a drug preparation, is convenient, and should always be retained. Think how many so-called iron tonics there are. Remembering that the iron is given as a blood food, and remembering that only the most vigorous can assimilate so much as the 1-32 of a grain in twenty-four hours, and remembering that the blood is offered its proper quantum of iron in the patient’s food, is it not rather plain that the connective tissue of such prescriptions is pure nescience?

I do not say that iron may not be medicinal, but if it is, the fact depends upon its power to impress some nerve center, and not upon its assimilability and ability to supply an iron want. Above all, I do not deny that the salts of iron are more or less medicinal. Hydrochloric acid is a real remedy, and therefore the tincture of the muriate of iron must be somewhat medicinal. This is true—and for the same reason—of the various other iron salts. The hypophosphites are (superficially) medicinal, but not because they supply phosphorus to hungry nerves, for they do no such thing. A large enough dose of it will produce a phosphoric intoxication whose point of departure is a sexual erythism. It may too, for the moment, kindle an inspirational fire in the brain, but won’t champagne do the same? In my callow days I took pints and pints of the hypophosphites, and I know something about them. You can depend upon the hypophosphites as a medicine which will *not* cure consumption. The various preparations of lime are, in a surface sense, medicinal, but not because they supply a lime want in the system, for they do not. They don’t do anything but temporarily overcome acidity.

This tissue-feeding fallacy has at last been crystalized into a medical system. Dr. Schussler, of Germany, is the man who did it. He assumes that the inorganic substances within the blood, excepting water, are the basis of vital evolution. Nothing could be easier than to show the utter untenability of this position, but I have not the

space in which to do it. According to this childish theory, every disease depends upon a shortage of one of twelve salts. That constitutes his pathology and etiology. To overcome the disease you have only to make up this shortage. That constitutes his therapeutics. You see how extremely shallow this sciolism is. The biochemic tissue-feeder interprets a proximate, evident sequence to be its own creator. He then assumes that art can outclass nature in satisfying tissue hunger, which is to postulate man's superiority to the uncaused cause. But he does *not* tell us how or when a tissue can ever become reconciled to the style of feeding it had rejected. That is the Schuessler system. Several medical journals have a biochemic department, and in this department remarkable cures are gravely reported !

Medicine and food are entirely distinct from each other. In fact, they are antithetically related to each other. A medicine can not be harmonically related either to the blood or to any tissue. Otherwise it is a food. Medicine is disintegrative ; food is integrative. When medicine cures it does so by virtue of its foreignness, *i. e.*, through its ability to disturb. A shocking dose of the wrong medicine may dislodge a functional wrong, even as the violent shaking of a house may scare out a mouse. A small dose of the right medicine will oust the wrong through *local* disturbance, even as a sharp stick will drive out the mouse. Specific medication is typefied in the sharp stick. Withholding indigestible food is a great (negative) help, but there is no positive method of feeding the sick back to health. The thing to remember is that food is food, and medicine is medicine, and that while they can be thought of reciprocally, they must not be thought of interchangeably.

There is great need of reform along the lines I have so briefly glanced at. This reform is bound to come unless the world stops moving. Shall the Eclectic school pioneer it, or must this coming *renaissance* glorify the mantle of some other system of medicine ?

PHIMOSIS AND PARAPHIMOSIS.

By Prof. Lyman Watkins, M. D., Cincinnati, O.

PHIMOSIS is a condition in which retraction of the prepuce of the penis behind the glans corona is difficult or impossible. This state is frequently congenital, and is very common in infancy and youth, existing in varying degrees. In these cases, unless the long prepuce should cause local or reflex morbid conditions, no treatment is necessary.

It is in acquired phimosis that the advice of the surgeon is most often sought. Acquired phimosis may be either temporary or permanent, partial or complete. There is usually a swelling or infiltration of the foreskin which prevents its retraction, and this may be due to balanitis, chancre, gonorrhea, or an accumulation of smegma which

has become decomposed and irritating. In the beginning there is little swelling or oedema, but this soon becomes very extensive and painful. The glans penis is now swollen and reddened, and the prepuce distended and sensitive. The head of the penis becomes enlarged, sometimes enormously so, and the clubbed extremity may be turned down or up or sideways, giving the organ a twisted or deformed appearance. In most cases an ichorous, pus-like discharge issues from the narrow valvular slit between the swollen folds at the end of the prepuce. This discharge excoriates and forms crusts upon the preputial skin about the head of the penis. As the swelling and inflammation continue the foreskin becomes of a dark red or purple hue and very oedemic, pitting on pressure. Should the condition continue unrelieved, gangrene may presently set in, and if extensive may destroy enough tissue to remove the constriction by which the phymosis is caused, and relieve the condition. Sometimes the inflammatory process causes adhesions to occur between the glans penis and the foreskin, giving rise to a permanent phimosi which can only be relieved by surgical procedures.

It is often difficult, if not impossible, to make an accurate diagnosis of the cause of a case of phimosi, especially if due to chancre or chancroid situated behind the corona. When originating from gonorrhea the diagnosis is made from the character of the discharge.

The first measure in the treatment of phimosi should be to thoroughly wash out preputial accumulations. For this purpose a syringe with a flattened nozzle may be used. The nozzle is gently introduced between the foreskin and glans, and moved about as a solution of peroxide is thrown over the surfaces. After the use of the peroxide the parts should be thoroughly irrigated with a warm ten-per-cent. solution of asepsin, and following this an astringent solution of zinc sulph., boracic acid, each 3ss, rose water 3j, should be injected and allowed to remain. It is better for the physician to do this work, and not to leave it to the patient.

In addition to the above measures, the penis may be immersed in a hot solution of hamamelis and sugar of lead for ten or fifteen minutes three or four times daily, and in the intervals it may be wrapped in hot cloths wrung out of an astringent solution, keeping the penis elevated. With this treatment the swelling and inflammation will usually subside in a few days, so that the prepuce can be retracted, the cause of the phimosi revealed, and an opportunity afforded for the necessary remedial applications.

When gangrene is present or threatening, and immediate relief is urgent, the dorsal foreskin may be slit and the constricting bands severed. It is always best to try to relieve the phymosis without cutting, as phagedenic processes are prone to break out in the freshly cut surfaces, especially if chancroids are present. In debilitated conditions constitutional treatment will be needed, and such remedies as potas. iodide, rumex, berberis, etc., should be given as called for by the specific indications.

PARAPHIMOSIS.—When the foreskin becomes inflamed and swollen, so that it can not be brought forward over the head of the penis, we have a condition called paraphimosis. Paraphimosis varies in severity from a slight difficulty to a complete inability to bring the prepuce forward. It may occur in boys who have ambitiously retracted the foreskin, and have subsequently been unable to return it, but is usually due to balanitis, chancroid, syphilis, gonorrhea, or some local disorder, and in some cases the situation becomes urgent.

The tissue of the foreskin is swollen and oedematous, of irregular form and of a soft, pulpy, doughy consistence. The glans penis may not be seriously affected, but in many cases the head of the penile organ is much enlarged and of a dark blue color. As the disease progresses the prepuce becomes swollen and oedematous, and a constricting band can be detected deep down in the doughy folds behind the glans. Should the paraphimosis continue unrelieved, gangrene may occur, and the head slough away entirely. This, however, is rare, and happens only in neglected or badly treated cases.

If the patient is seen at the beginning of the attack, an attempt should be made to return the glans behind the constricting bands. If there is no immediate danger of strangulation the patient should be placed in bed with the penis elevated and hot aseptic solutions applied. These should be constantly used for twenty-four hours, when it may be possible to bring forward the foreskin by pushing gently upon the glans with the thumbs, and at the same time pulling the prepuce forward with the fingers. Should this fail, an anæsthetic may be administered, and under its relaxing influences another attempt at reduction may be made, first oiling the parts well. All other measures proving insufficient, the constricting bands must be divided with the knife. This is accomplished by slipping a blunt-pointed bistoury under the constriction and cutting from within outward. After the cutting the parts are to be dusted with iodoform, asepsin, or aristol. Healing is generally rapid. It is well to be especially careful in handling the penis in these cases to avoid infection.

TALIPES EQUINO-VARUS.

By C. H. Scott, M. D., Waterbury, O.

TALIPES is a non-traumatic deviation of the foot in the direction of one of the four lines of movement. In the congenital variety the displacement is most frequently adduction with more or less elevation of the heel (talipes equino-varus). The right foot is said to be affected more often than the left. At birth the deformity might be corrected by manipulation, bandaging, adhesive plaster, or by immobilizing the foot in a plaster of paris dressing, after forcibly correcting the deformity under anesthesia.

If the case has been neglected until the child begins to walk, the deformity will be much more difficult to correct by these manipulations, and operative procedure will then have to be resorted to.

Ora S., age 4 years, had been afflicted with talipes equino-varus of the right foot from birth. The attending physician, my allopathic competitor, had attempted to correct the trouble but failed. Shortly after locating here I was consulted by the parents, and I suggested an operation as the best means to correct the deformity, to which they readily assented.

I had them prepare a room at the house, and Nov. 24th I performed the operation, assisted by Dr. Athey, of Barlow, who administered the anesthetic. The field of operation was thoroughly cleansed, and taking the foot in the left hand, the tendo-Achilles was made tense and cut subcutaneously. The only danger in doing this would be wounding the posterior tibial artery, or making an open incision, neither of which would be at all serious. This gave better control of the foot, and I then made a cut down through all the tissues of the foot, commencing about an inch in front of the internal malleolus. By inserting the index finger into the wound, and forcibly flexing the foot, I found and cut the tendons that were offering resistance.

The foot was now placed in a super-corrected position, and dressed with iodoform, iodoform gauze, absorbent cotton, and bandage, and then put up in a plaster of paris dressing. In one week I removed the dressing, examined the wound, and did not find a drop of pus. The dressing was changed three times, and yesterday, January 4th, I removed the last dressing and found the wound healed nicely, and the foot straight. The parents, as well as myself, are very happy over the result.

THE ECLECTIC AS AN EXAMINER FOR LIFE INSURANCE.

By Frederick Wallace Abbott, M. D., Taunton, Mass.

CHEERFULLY answering the rather important questions of "Eclectics and Life Insurance," by John King Scudder, M. D. in the *Eclectic Medical Journal*, vol. lviii, No. 1, p. 15, January, 1898. Since 1888 I have examined for, and been well treated by, the Vermont Life Insurance Company, Burlington, Vt.; the Covenant Mutual Benefit Association (I. O. O. F.), Galesburg, Ill.; the Endowment Rank Knights of Pythias of the World; the American Legion of Honor; the New England Order of Protection; the United Order of the Golden Cross of the World, and the American Benefit Society, each, save the first, which pays \$1 to \$5, allowing \$2.

With pleasure to myself, and I hope profit to others, I will add that, when filing my application, I ever state, in terms frank and courteous, my Eclectic affiliations, and that a commission has never been denied me.

How I treat the worthy friends, and how I would treat the unworthy foes of the progressive school to which, if only for value received, I should always be loyal, may easily be inferred from the following :—

“TAUNTON, MASS., Jan. 19, 1898.

THOMAS H. WILLARD, M. D., 1 Madison ave., New York :

Dear Doctor—Eclectic Medical Journal, vol. lviii, No. 1, p. 16, January, 1898, which gives the information sought, had not been received when, late in December, 1897, I questioned you concerning the attitude of the Metropolitan Life Insurance Company, of which you are Medical Director, toward Eclectics. I am glad to find the Metropolitan in ‘List A.’ I am thus enabled to help its local agents, who, I may say, are special friends ; and your recognition of a large, and, permit me to add, growing body of competent practitioners of medicine, can not fail to benefit all concerned.

“FREDERICK WALLACE ABBOTT, M. D.”

Now just a word for our should-be insurance patrons. They deserve our best efforts. When, as the medical director of a leading assessment order, I had 300 local examiners under me, I found some of my appointees (including, alas ! more than one Eclectic) a little careless in their work ; and I fear my experience is hardly unique.

Finally, I believe this subject ought to be thoroughly considered by every liberal physician in the Union.

BICYCLE CASUALTIES.

By J. M. WELLS, M. D., Vanceburg, Ky.

LAST summer, a fourteen year old girl fell from a “safety,” sustaining a fracture of both bones of the left forearm. This was the hardest case of fracture to control I have had to deal with, the ordinary dressing being inefficient. The splints were changed three times before success crowned the efforts. At last a combination of plaster bandage and wood splints was used with success, and the girl has a useful arm.

A married woman, mother of two children, weighing 155 pounds, fell from a safety while trying to dismount, and received a fracture of the head of the tibia, splitting off the internal and external condyles, rupturing the ligamentum patella, and partially dislocating the tibia ; left leg. An unfavorable prognosis was given ; the woman and friends were told that she would be a cripple the remainder of her life. After repeatedly impressing these statements upon them, I proceeded to dress the limb as follows : First, a sheet of glazed wadding was placed around the limb, including the foot, being careful to make it double under the heel, and extending to groin ; then a bandage two and a half inches wide, previously incorporated with plaster of paris, and thoroughly wetted with warm water, was used, beginning at the toes, the spiral turns extending to groin, keeping the leg slightly flexed at the knee-joint. A second and third bandage of the same kind was run over the limb, the last one making a loop in the hollow of the

foot for counter-extension, though none was needed. The limb was then placed between sand-bags.

At the end of four weeks the dressing was opened and passive motion begun, and kept up for three or four weeks. The limb is straight, same length as its fellow, and has a one-fourth degree of motion. The woman walks without a stick, and with but little limp, six months after injury.

A Miss M., age 16, had such tormenting pruritus vulva after exercising on her wheel, that she was forced to abandon it altogether. A Miss F., age nineteen, while riding her safety, had frequent and oft-repeated sexual orgasms. This must have been *delightful*, but she very sensibly gave up the pleasure, and disposed of her wheel.

A young man, aged seventeen, about a year ago, while riding down hill on a bob-sled, was thrown against a large stone, and received intra-capsular fracture of the right femur. He was treated with the perineal bandage and long splint, and has a perfect limb; duration of treatment, six weeks.

PHYSICIANS' COLLECTIONS.

By H. H. Blankemeyer, M. D., Portsmouth, O.

JUDGING from the numerous letters of inquiry I received to my article of a few months back, I am led to believe that there are other physicians interested in the question of better collections. I received quite a number of requests for a sample copy of the by-laws of the Association of Portsmouth Physicians. Every human being owes his brother something, so every physician owes to his brother practitioner any important discovery he may make. While I believe all of us, at some time or another, learn something that would benefit mankind, we all have not the faculty of telling it in a readable way.

We have now, as an organization, been in existence long enough to begin to feel the benefits thereof in more ways than one. While we are educating our physicians to better and more prompt collections, we are gradually teaching the people that we are organized for mutual protection; and if they have been in the habit of changing doctors without paying for services rendered, we all know it. We have *no black list*, neither do we prohibit any physician from calling on or prescribing for any one known to be unfair in his dealings with the physician. That would be illegal. But we do have a *reference list*, which contains the names of those who, after repeated requests, neglect to pay their accounts. One of these lists is furnished every three months to each member of our association, and if he wishes to treat such as are found upon this list, he may do so, but he then knows what kind of material he has on hand, and his good judgment will tell him how far to trust him.

To make this more plain, and to more thoroughly educate the peo-

ple that we are united and understand one another and them, we have had printed four forms. To be positive that we were doing nothing illegal, we submitted these forms to one of our best lawyers for his written opinion, which we now hold. Everything being legal, we had some printed for distribution.

[Form 1.]

DEAR DOCTOR :—By order of this Association you are reminded that.....189... next, is the time for our regular quarterly meeting. Please arrange to attend.

We enclose herewith blank on which you will report names for the Reference List which you will hand to the Secretary not later than above date. You will also report the names thereon of those on former lists who have settled their accounts.

Very respectfully,

THE EXECUTIVE COMMITTEE.

Form 1, as you will see, is the notice from the Executive Committee to the physician of the next quarterly meeting; also a call for his quarterly list of names for the reference list.

[Form 2.]

To the Executive Committee of the Association of Portsmouth Physicians :

As previously agreed, I herewith hand you my quarterly report of names for the Reference List.

Name.	Where Living.	How Employed and Remarks.
The following have settled their accounts :		
Name.	Where Living.	How Employed and Remarks.

With form 1 we inclose form 2, which is a printed sheet of instructions to be filled with the names for the reference list, and of those who have settled their accounts; this to be given to the Secretary of the Executive Committee every three months.

[Form 3.]

DEAR SIR :—As a member of the Association of Portsmouth Physicians, it becomes my duty, before making up my quarterly reference list, to again remind you that there is yet a balance of dollars due on your account, which you have neglected to pay.

Trusting that you will call and settle the same before189..., I remain,

Very respectfully yours,

.....M. D.

Member of the Association of Portsmouth Physicians,

Form 3, which the physician sends to his negligent patron, educates the patient. It tells him we have an association of Portsmouth physicians; it tells him his neglected doctor belongs to it; it tells him we have a quarterly reference list, and it tells him what he still owes his doctor (or in other words, the cost to him to keep off that reference list). If the patient still neglects this courteous warning from his physician, his name is placed upon his reference list, and given to the Executive Committee. But before we place him on the printed list for distribution we send him form 4 from the office of the Executive Committee.

[Form 4.]

DEAR SIR :—Your name has been referred to this Association to be considered in connection with the reference list. This means that you have neglected to pay your physician. The reference list is compiled every three months by this Association for the benefit of its members. We hope that you will see your physician at once, and make settlement with him before the appearance of the next list which will be189.....

Very respectfully yours,

The Association of Portsmouth Physicians,

By its Executive Committee.

This form educates him that his doctor meant what he said; it tells him we all know he owes his doctor; it tells him what the reference

list is for, and when the next one will be printed and distributed, and it ends by giving him another chance to settle with his physician, and save his name from this list.

Nothing is harsh or threatening, and any patient who will ignore these two letters deserves to be classed among those who are after free medical attention, and are to be treated accordingly. We have received much good from our Association, and when we get these four forms in good working order, we expect much that is due us and have not heretofore received.

If I can serve my fellow practitioners by answering any inquiries, it will be cheerfully done, if postage for return is enclosed.

CORRESPONDENCE—PNEUMONIA.

A RECENT number of the *New York World* has an article on pneumonia, which would seem to an intelligent pathologist to indicate a "new departure" back toward the dark ages. "What can be done," the writer asks, "against infectious pneumonia which kills in forty eight hours?" The following is the reply:

"THE ONLY REMEDY.—We know of only one remedy; that is cold baths, the only treatment which has any success in these terrible cases. Here is the method to be followed:

- "1. Begin with a dose of 0.40 gramme of calomel.
- "2. As soon as the calomel has acted, draw off 250 grams of blood.
- "3. Administer a dose of 0.30 gramme of sulphate of quinia morning and evening.
- "4. Apply a camphor blister of 8 centimetres square.
- "5. If the patient becomes worse despite the above measures, order cold baths every three hours, just as would be done in a case of typhoid fever."

Upon the merits of this procedure there is little occasion for remark. One should make his will before undergoing it. But the recommendation shows one of two things: Either the regular practice is not yet disassociated from the old barbarisms, or else the trend is backward to them, dragging dissidents in the train. No wonder that pneumonia is fatal.

A. WILDER, M. D.

Newark, February 8, 1898.

THE CONTROL OF SEX.—Dr. Schenk's discovery of the free control of sex does not seem to crystallize. It is a great disappointment to a waiting world that he does not declare the principles and state the details of treatment that have made his experiment successful. Should this iridescent obstetrical dream prove true, the ratio of increase at present existing between the sexes would be reversed. Men would predominate, and marriage would be at a premium. Spinsters of uncertain age would vanish, and bachelors of erratic and neurotic dispositions would turn an attentive ear to the gentle teachings of obstetrical science. But now we wait until Prof. Schenk has arranged his material.—*N. A. Jour. Homeopathy*.

EYE. EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

CHOROIDITIS.

Choroiditis signifies inflammation of the middle tunic of the eyeball—the vascular as well as the pigmented coat. It is always a grave lesion as regards sight, being so intimately connected with the retina that it always affects the retina in the region of its inflammation, therefore we seldom have choroiditis without retinitis.

The choroid being part of or so intimately connected with the uveal circulation, involvement of the iris is not uncommon, the disease then being called irido-choroiditis. Being also in apposition with the sclerotic, we sometimes, but less frequently, have sclerotic-choroiditis. Opacities of the vitreous, posterior polar cataract, and atrophy of the optic nerve, are other secondary bad results.

SECTION SHOWING PIGMENT DEPOSITS IN CHOROIDO RETINITIS.

The subjective symptoms of choroiditis are not very pointed. If the diseased areas are peripheral, vision may be very good, although in the general field the patient will notice certain blind spots, or *scotoma*. If the disease, even though small, is in the macular region, sight may be diminished to useless vision. A patch the size of a pin-head at the macula is more serious than one the size of a dime located elsewhere. There may be photophobia and floating bodies, and not infrequently some headache.

With the ophthalmoscope, recent or new choroiditis is shown by absorption of the pigment epithelium, soon followed by a yellowish, dirty exudation, outlining the size and location of the different patches of disease. Old choroiditis is known by absorption of this exudation, atrophy of the choroid, showing the gleaming white sclerotic, the outline of this now white patch being perfectly marked with heavy deposits of black pigment. Hence the characteristic black patches designating old choroiditis.

While many cases finish with good sight, still it must always be remembered that choroiditis is a grave disease. The severity of the disease, coupled with the location of the patches in regard to the macula, should guide the prognosis.

The treatment is not all that we could wish. Absolute rest to the eyes is of the first importance, and must be insisted upon. A light blue or smoked glass for use in bright light should be used. Hygienic general conditions, light diet and regular habits complete the general directions.

If the patient is syphilitic or even scrofulous, potassium iodide, in doses not to damage the stomach, should be prescribed. In choroiditis not of a specific origin, I believe that gelsemium will bring more cases to a successful termination than any other agent.

R—Tinc. Gelsemium, gtt. xx; water, ℥iv. M. Sig. Teaspoonful four times daily.

Eyes once recovered from choroiditis should never again be subjected to continued use at close range, that is, a calling such as book-keeping, draughting, etc., as the congestion of the fundus, such as always follows close work, would be very likely to cause a return of the disease.

SYPHILITIC NASAL ULCERATION.

A very necessary thing to check is ulceration of a specific origin, in either the soft or hard tissues of the nose, usually being of a phagedenic nature. First, the indicated medicine internally, light diet and regular meals. Have patient keep the ulcerated area clean by a gargle or spray, being alkaline and antiseptic. Every other day the surgeon should touch the edges of the ulceration with tri-chlor. acetic acid, followed by coating the sore with aristol.

Pulsatilla.

Pulsatilla is the internal agent to be given in inflammations of the external eye, when the discharge is bland, not excoriating. Its most positive effect is felt when given in the early stages of earache due to beginning inflammation of the middle ear. Give sulphide of calcium following the inflammation.

Trachoma Treated with Ichthyol.

In the search for a new remedy to replace the ones heretofore used, such as silver nitrate and copper sulphate, due regard, says Dr. M. Eberson, of Tarnow, must be had to the following characteristics that the remedy must possess: 1. It must contract the dilated blood-vessels. 2. It must reduce the infiltrated conjunctiva. 3. It must relieve hypertrophy and hyperplasia. 4. It must relieve the subjective symptoms, such as pain, epiphora, photophobia, etc.

From theoretical considerations, ichthyol is the remedy that most closely agrees with these characteristics. It acts eminently as an astringent upon the blood-vessels, and reducer on the tissues. It possesses, also, special preferences, as it is not caustic in the sense that other remedies are; its action is due more to a mild astringent effect on the tissues under treatment.

Besides these, it forms no crust, such as is well known to disturb the free secretion of the glands. Ichthyol penetrates deeply, according to the writer's experience, and acts, therefore, on the deeper tissues. Consequently, as ichthyol is not caustic, and causes no disturbance in the tissues, it leaves no scar on the conjunctiva, such as is usually left in the treatment of trachoma.

The best means of application of ichthyol is in a solution made after the following formula: Ichthyol, 50; distilled water, 40; glycerin, 10.

The everted lids are thickly painted with this solution, which is allowed to remain on from sixty to ninety seconds, and then energetically washed off. The slight burning sensation is of but very short duration, and disappears even before the washing is finished. The applications may be made daily, but at first it is desirable to make them every other day.

From the results obtained in a number of cases, the writer believes that ichthyol will occupy the first rank among remedies intended for the treatment of trachoma.—*Texas Med. Prac.*

EPISTAXIS.—Dr. T. M. Baird, in the *Jour. Amer. Med. Association*, reports the case of a patient, male, age 26, who was taken with a sudden, severe epistaxis, supposedly caused by a large polypus in the affected naris. The nose was plugged anteriorly and posteriorly with cotton, and in addition to the mechanical plugging, Monsel's solution, antipyrine, tannin, and other styptics were applied without success. It was finally decided to try an oil on the cotton to prevent the oozing of blood through the cotton. In accordance with this suggestion, new plugs, previously saturated in liquid albolene, were applied posteriorly and anteriorly, with the result of completely checking the hemorrhage. The author notes that little or no mention is made of such a technique in any of the text-books. By saturating the tampons with liquid vaseline, albolene, or any light oil, the blood is effectually prevented from oozing through the cotton.

PERISCOPE.

STATISTICS OF ABDOMINAL SECTION IN AMERICA.

195 NEWHALL ST., BIRMINGHAM, 14th December, 1897.

To John E. Parsons, President of Board of Governors, Woman's Hospital, New York :

I have just had sent to me a copy of the forty-first annual report of the Hospital for women in New York, containing an address by Dr. T. Gaillard Thomas, the greater part of which purports to answer some animadversions which are alleged to have been made concerning the results of the work in that institution. At the conclusion he puts to the critics Shylock's question, "Are you answered?"

I have not been one of the critics, and only because the facts never came under my notice ; but on their behalf, and on behalf of suffering humanity, I say to Dr. Thomas that they are not answered, but that, on the contrary, he makes out a most deplorable state of matters.

He puts forward a group of figures which show that in seven large selected hospitals in America the results of abdominal section run from 35 per cent. in Boston City Hospital down to 15.03 per cent. in his own institution. Of this collection of statistics I have only two things to say—that the whole thing is deplorable, and must be remedied ; and that the mortality in the New York Woman's Hospital is "murderous," as Mathews Duncan used to put it.

He certainly does not make the matter any better by pointing out that during a period of thirteen years the mortality of his hospital has been 22.43 per cent., and this triumphant result has been due to the introduction of "antisepsis, the sheet-anchor of the surgeon." This makes me more than ever thankful that I discovered the fallacy of this so-called antiseptic craze early in my career.

I enclose with this letter a copy of the twenty-third annual report of the Birmingham and Midland Hospital for Women, for 1893 ; and I select this year for three reasons : The first is that it was the first year in which no work was done by myself, and the bulk of it was done by two of my former assistants, and because it was an exceptionally bad year.

As to the statistics themselves, let me say that, like those of the New York Hospital for Women, in Dr. Thomas' own words, "the surgical staff of this hospital has absolutely nothing to do with the making of its statistics." Each case is entered by an officer responsible to the lay committee, and each fatal case is investigated by a special pathologist, altogether independent of the operating staff. At the end of each year each operator has to defend his facts before his colleagues on a committee upon which also sit the chairman and secretary of the managing committee, and a perfect audit is made and signed. This document is published with a table upon which every case is entered under the distinguishing initial of its own surgeon.

and with such details that any case can be easily identified. Any cooking of the statistics is an absolute impossibility, and only the most trivial errors have ever been detected.

In 1893 the abdominal sections numbered 176 (against 153 in New York of 1874), with a mortality of 6.2 against 15.03 in the New York Woman's Hospital.

Another table is given of 1,350 cases of abdominal section performed almost entirely by Dr. Savage and myself, from 1884 to 1893, with 75 deaths, a mortality of 5.5 per cent.

During these years I did all my work on plain soap and water, having abandoned every trace of the varying absurdities of Listerism two years before. Dr. Savage followed Lister in fashion of his own, varying from time to time. The work was fairly well divided between us, as also was the mortality; and, with the most careful reckoning of the figures, the verdict against Listerism must be, in Scotch fashion, "not proven," for, with its complete absence, my results were no worse, and with its partial presence, Dr. Savage was no better.

What can Dr. Thomas have to say to this?

I have only to say that his results show that there is something radically wrong with his hospital, and that the medical profession of America, advancing as it is beyond the progress of our art in all other countries, can not afford to let matters go on as they are.

If I may answer in one word the question which will of course follow what I have said, What is the cause of your success? I say emphatically, the absolute segregation of our patients, and close attention to every detail, constitute the whole of the mystery.

That there is an inevitable mortality in abdominal section, I think is certain. That two men working in the same place, with the same material, should bring it down during ten years to 5.5 per cent. in a continuous consecutive series of 1,350 cases, shows that the inevitable mortality is pretty nearly reached. That a removable mortality of more than three times that amount should be allowed to remain as the minimum to be reached in America, can not be admitted for a moment.

That even the low mortality we have had in Birmingham is not probably the inevitable mortality is, I think, almost proved by a little figure-twisting; for, if we take out four bad years, 1884, 1889, 1890, and 1893, we find 553 cases with a mortality of 8.5 per cent. But in six good years, 1885, 1886, 1887, 1888, 1891, and 1892, we had 797 cases, with a mortality of 3.5 per cent. I think this latter is nearer the inevitable, and that a higher mortality than that is due to causes entirely removable. All such causes ought to be earnestly sought for, and removed at any cost.

I am yours truly,

LAWSON TAIT.

[Prof. Tait, in these lines, has certainly given our American surgeons some food for thought. If the "murderous" mortality he criticises were the worst to be found in this country, it would be well for

the profession and for humanity. But truly "there are others" that several times 5.5 per cent. would not cover. To think, too, that "fadism" is responsible for the greater part of it, almost paralyzes one. If the *killing* existed only in surgery, it would not be so bad. But "the half has not been told." The destruction of the people through the following of fads by the profession, is as appalling to those who see it and realize it, as was the destruction of the Christians by Nero to those who witnessed it. If medicine and surgery were begotten and born in superstition, in America, if they are not nurtured in it still, they are not far removed from it. *Fads* overshadow them completely.—B.]

MEDICAL ETHICS.

The college student, or any student contemplating the study or practice of medicine, often fails to conceive the ethical requirements of the medical fraternity, and it is a sad fact that even many physicians, desirous of reputation and popularity, become heedless of those fundamental principles which tend to ennoble, enlighten, and bring dignity and honor to the medical profession. No reasonable man will claim that any knowledge whatever for the relief of suffering humanity should be other than knowledge to be held in common. But the very reverse of such a condition is plainly apparent, and is a menace to the honest practitioner.

The following is a portion of the Code of Ethics adopted years ago by the American Medical Association, which all honorable physicians, especially those worthy of membership in a medical society, are asked to observe:

1. "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures, or to publish cases and operations in public prints * * * and to boast of cures and remedies. * * * These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

2. "Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum. For if such nostrum be of real efficacy, any concealment in regard to it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."—*Charlotte Medical Journal*.

[We quote the above extract concerning one section of the American Code of Ethics, because it seems equally applicable to *any reputable physician*. We are sorry to note that the editor of the *Charlotte Med. Journal* believes that it is so necessary to call the attention of the

young *regular* graduate to these two sections. As a matter of fact, 49 out of every 50 of the rankest advertisers in the United States, more particularly in the large cities, belong to the so called regular profession. There may have been a time when the general run of advertisers were empirical quacks, but now, in large cities at least, the greatest medical advertisers, in magazines more particularly, are licensed practitioners and graduates of *regular* medical colleges.—EDITOR.]

TREATMENT OF CARIES OF THE SPINE.

Dr. A. W. Tubley, in an article on this subject in *Pediatrics*, Aug. 15, '97, says: Much good can be done and a cure often effected by treatment. If treated in the early stages deformity may be prevented or reduced to a minimum. In the absence of complications, caries being most readily obtained in the cervical, lower dorsal and lumbar regions, and less readily in the upper and mid-dorsal. The method of cure is by ankylosis, and when the disease is treated early and thoroughly, the number of vertebræ ankylosed is small, the patient having a very useful back.

The treatment is described as general and local. Under general treatment fresh air and sunshine are prescribed, especially in tubercular cases. The removal of the patient to places where he will have these requisites is advised when necessary. Good and bountiful food, good digestion, and the avoidance of constipation should be observed.

The remedies advised are, cod-liver oil, cream, malt extracts, and iron either in the form of syr. ferri phosph. comp. or syr. ferri iod.

The treatment directed to the spine is embraced under three principles:—1. Fixation of the vertebral column. 2. Removal of the weight of the upper part of the body from the diseased vertebræ. 3. The prevention, so far as possible, of unnecessary deformity by the support of the trunk, or the limitation of its increase.

To carry out these principles we have two methods, (a) recumbency and (b) retentative appliances, either used separately or in combination. The indications for recumbency are:

1. In all acute cases in which there are considerable pain, distress, and impairment of general health.
2. When, on employing the "palm-pressure" test to the back, it is found to be yielding anteriorly.
3. When paralysis and abscess are threatened.
4. Particularly in cases of severe cervical and lower lumbar caries.
5. In those patients who become easily tired on their feet, and those who, apparently well supported mechanically, frequently desire to lie down.
6. In children recumbency may be resorted to with less danger to the general health than in adults.

The advantages of recumbency are, the relief of pain, the limitation of the deformity, the gradual clearing up of any paresis, and the ces-

sation of increase in the size of an abscess. The disadvantages are, in adults, decline in general health, anemia, constipation, and wasting.

The author dwells upon the duration of recumbency, and the points to be noted in placing a patient in the recumbent position, such as the mattress, bed, retention measures employed, position, etc.

He devotes a short space to the consideration of suspension, noting that it is absolutely essential in cervical disease, or when disease is above the fourth dorsal vertebra. Support of the shoulders alone, if the disease be at or above the eighth dorsal.

In speaking of "fixation and supporting appliances and their principles and tests of efficiency," he first says, all complicated arrangements are to be avoided. In the plaster-of-paris jacket, and to some extent poroplastic jacket, all the needful requirements are fulfilled, which are, firm fixation of the site of disease, the removal of weight off the affected region, cleanliness and ease of removal, the avoidance of chafing and pressure of the skin; they should be inexpensive and be readily applied by the surgeon himself. The advantages and disadvantages of both the plaster and poroplastic jackets are set forth when the author asks, "When may treatment be dispensed with in spinal caries?" His answers are thus:

1. The absence of pain is no test, since pain naturally ceases if a support be worn, but if pain ensues on removal of the support, the jacket must be put on again.

2. When the spine is firmly fixed, and the deformity has remained stationary for some months.

4. If a compensatory lordosis just below the kyphosis is well established.

5. Dorsal caries is very rarely cured in one year; cervical and lumbar may require less.

6. If the improvement in general health is sustained.

7. Support must always be worn much longer in tubercular cases. If the support has been worn too long, the muscles atrophy rapidly. In any case begin to dispense with the support gradually, especially if the patient is increasing in weight.

W. N. M.

THE USE OF HOT WATER.

O. Rosenthal (*Therap. Wochenschr.*) takes the view that hot water deepens the respiration, increases the diffusion of gases, stimulates the heart's action and the circulation, increases metabolism, produces hyperæmia of the vessels of the skin, at the same time relieves the central organs of their blood, and causes a temporary stimulation as well as contraction of the whole nervous system. On the other hand, it produces, by its continuous application, dilatation of the superficial blood vessels.

Properly speaking, hot water is only an auxiliary measure. A distinction should be made between its local and general applicati (n

In the first, care must be exercised in cases of valvular disease and angina pectoris; but a weak heart is not in itself a contra indication to its use. Disease of the walls of the blood vessels, and especially atheromatous degeneration of the arteries, are contra-indications to its use.

In the St. Olga Children's Hospital at Moscow, hot water has been employed successfully in desperate cases of cerebro spinal meningitis. In other cases favorable results were obtained in nephritis, complicated by cedema and emphysema, in rheumatism, and in ischiatic disease. Mendel employed hot water locally in apoplexy instead of the ice bag. Silex recommends hot applications in the place of cold ones in various forms of conjunctivitis. Schweninger recommends hot frontal baths in migraine, and Rosenthal relieved a hemicrania which resulted from overstrain to the eyes in microscopical work with electric light. In neurasthenia, occasional hot baths in addition to the regulation of the diet and gymnastics or massage, find their place. Brown and Hunter use hot compresses up to 140° F. for arresting parenchymatous hemorrhage. In dermatology, the bactericide quality of hot water is particularly useful. It has been extensively used in soft chancre, and it was observed that the poison of chancre loses its vitality at a temperature of 104° F., so that it can not infect patients. Its employment is also recommended in fevers, in chronic eczema of the vulva; also in pruritus ani and in general nervous pruritus, in chronic urticaria, as well as in acne vulgaris and rosacea. In the treatment of a frozen nose, hot water compresses are indicated.—

Pediatrics, Aug. 1, 1897.

W. N. M.

An Antiseptic and Protective Dusting Powder.

A dusting powder for general use in surgery must embody the following essentials: It must have positive antiseptic powers, must not cake with secretions, and must be innocuous, unirritating, and of an agreeable odor. Taking advantage of the need for such a remedy, chemists have vied with each other in originating drugs which were supposed to possess these properties. Most of them, however, were not found to stand the crucial test of clinical experience. One of the exceptions to this rule is aristol, some of the uses of which are described by Dr. T. Betts in the *Daily Lancet*. The remedy is yet in comparative infancy, and much is yet to be learned as to its application. In traumatism he has succeeded particularly well in its use. In catarrhal troubles of either throat or nose it gave phenomenal cures. In indolent ulcers, by filling the cavity with the powder, excellent results were secured. The powder is so impalpable as to penetrate much more completely than iodoform, which being heavier and not so dry, can not be driven into the convolutions of surface so readily as aristol. In tonsillitis he was particularly pleased with its action. By throwing it into the throat with a blower, and having the nurse mop

it occasionally with an ointment of one to ten he found the tumefaction, pain, and restlessness to readily disappear.—*Pediatrics*.

Medical Journal Advertising.

Another indication of the general lowering of professional standing is the condition of the advertising pages of many medical journals of to-day. Time was when no secret remedy could secure insertion of an advertisement in any medical journal presumed to be "half-way decent;" indeed, it would have been folly to place it there even if the editor and publisher would permit it—there was none so low as to prescribe it, and the money paid would have been wasted. What of to-day? A dozen journals of America are carrying the ad. of "Candy Cascarets"—a patent medicine pure and simple—with no pretense of even a supposed "formula;" still more are running the advertisement of "Ripans Tabules"—a patent medicine under the control of Geo. P. Rowell & Co., the advertising agents of New York City—and not a doctor in America knows their composition; "Anti-brule," a new St. Louis remedy of unknown composition, is equally conspicuous upon the sign boards along the streets, on the street car placards and in the pages of medical journals edited by highly ethical members of the American Medical Association; and now comes the "old standard household remedy, Ayer's Cherry Pectoral," and applies for admission to the advertising pages of some forty of the prominent journals of America? It will undoubtedly secure space in a large number.—*Am. Jour. of Surg. and Gyn.*

[Little comment is necessary. Medical editors for years have devoted the major portion of their time to the discussion of medical ethics, and allowed the management of their advertising pages to be placed in the hand of an energetic layman, who could only see the cash and knew nothing of the ethics of advertising. Hence we see prominent medical journals carrying the "ad." of "Casarets," "Ripans Tabules" and "Ayers Cherry Pectoral." We had the pleasure of refusing all these advertisements at various times. We may live to see the day when Davis Pain Killer, Pink Pills for Pale People, and Carter's Little Liver Pills will be advertised in *some* journals.—EDITOR.]

DOCTOR JOSEPH O'DWYER AND MR. EARNEST HART.—Both of these distinguished men, each eminent in his profession, died on January 7, 1898. Both also were nearly alike in the number of years attained, Dr. O'Dwyer counting fifty-seven and Mr. Hart sixty-one. But there all resemblance ceased. Intubation is the monument of Dr. O'Dwyer. Sanitary science was the life-work of Mr. Hart. One became famous by the working out of his plan of intubation, the other won his widest recognition as editor of the *British Medical Journal*. Mr. Hart was not a liberal or tolerant man in medicine. He could see but one side of the shield, and was a fierce partisan. But the death of these men is a great loss to the profession, for such earnest workers are few.—*N. A. Jour. Hom.*

WHAT IS ALKALOIDAL MEDICATION?

For several years past we have heard considerable of "alkaloidal medication," and one not posted might imagine that through this innovation we were being treated to something new in the medical world. To Eclectic physicians, however, the subject, as set forth in the *Alkaloidal Clinic*, the representative journal of the firm furnishing the "granules" and accompanying literature, reads like an old primer; for the whole matter is almost entirely a steal from Eclectic sources and Eclectic text-books and journals.

Among the contributors to the *Alkaloidal Clinic* I observe the names of Eclectics, who doubtless feel flattered by the notice they receive as contributors to this form of veneered Eclecticism. Some of our Eclectics are highly honored by the exalted privilege they are permitted to enjoy—that of having their names published in Allopathic periodicals. However, they should observe that no credit is ever given to Eclecticism, and never to themselves if the truth leaks out that they are representatives of the Eclectic school.

Alkaloidal medication, though far in the rear of specific medication, is still in advance of ordinary allopathic medicine, and even leads slow coach Eclectics. The latter we would advise to stick to it, if they cannot be representative men of their own persuasion and walk somewhere near the front rank. Some love to be led, and they love to be led with a popular string. A careful study of "Dynamical Therapeutics" will convince any competent observer that little is taught in alkaloidal medication that was not there set forth years ago, and taught for a much longer period in the California Medical College.

The alkaloids, as remedial agents—pharmaceutical products—were long ago discarded for more reliable preparations by our school, though some of them are certainly good. Alkaloidal medication is a relict of old Eclecticism, slightly revamped. As many are better satisfied with remedies which are modeled by the manufacturing pharmacist, the granules of the alkaloidal company doubtless possess a charm in themselves which are attractive. Pharmacists have done that which forty years of convincing argument in the shape of successful cures by Eclectics failed to do, viz., made some of our leading remedies popular with Allopathic physicians. The aletris cordial, cactina pellets, viburnum compound, etc., are examples. Chionia is another, and here we recognize Prof. Goss' chionanthus, an old remedy with Eclectic physicians, but a new-day acquisition to disciples of alkaloidal medication.

Homœopathy also furnishes a part of the thunder for this new advocate of dosimetry, for we find glonoin frequently mentioned among the favorite remedies, and the third decimal attenuations are supplemented by the one-two hundred and fiftieth grain granules of arseniate of strychnia and other potent drugs. Macroton is one of our old acquaintances which the alkaloidal people number among their acquisitions. Arseniate of quinia 3x has been a favorite remedy of mine for twenty-

five years and more, but it is not so old to some evidently. All in all, while I can commend much of the teaching of alkaloidal medication, the term is a synonym for a grand steal from new school medicine, and is not new except to disciples of medical] fossilism.—*Prof. Webster in California Medical Journal.*

WINTER HINTS ON HYGIENE.

Cold is one of the most potent causes of disease. When applied to the whole body so that we are thoroughly chilled, it deadens all vital processes, and also drives the blood inward, producing various congestions, but especially congestion of the lungs. Hence winter is a dangerous season for the old and feeble, in proportion to its severity. Pneumonia is especially the disease of cold weather. Cold applied to the surface, when we are unable to resist it, congests all the interior organs. When applied to the lower limbs, it produces congestion of the lungs. Hence it is dangerous to have a draft of cold air blowing against the feet and legs, or to allow the legs and feet to continue cold and wet. Standing in slush, melting snow and ice, is especially injurious. When the feet and legs have been thus exposed, they should be toasted before the fire.

It is indispensable to preserve the warmth of the back, especially at the shoulders. A cold draft striking that region is very dangerous. The shawl and the capes of the old-fashioned great-coat were an important protection. Sitting out of doors with the back and shoulders exposed to the cold night sky is a dangerous practice. A prudent person would not sit with the shoulders exposed to a cold window.

Sitting in a stove-heated room through the day, and sleeping in a cold room at night is a great mistake, or still greater if the bedroom is on the shaded side of the house; greatest of all if its floors or walls have been damp. A cold, dry atmosphere stimulates and irritates the lungs, hindering sleep and its restorative influences. A warm, moist atmosphere soothes the lungs, and promotes sleep. In *all diseases of the lungs*, warm moisture in the air is healing. Hence a pan of water evaporating on the stove is of great benefit to the lungs; and if the water had sugar or liquorice dissolved in it, it would be still more soothing. The air being dry in very cold weather, there is great need for moisture when it is heated by a stove, which increases its relative dryness.

Stoves are often mismanaged. A stove should be as large as possible, so that its surface need not be overheated; and it should have a good draft to carry off its gases. Many persons, from a mistaken economy, use a valve or damper in the stove pipe, which checks the escape of gas, and also stifles the fire. Hence there is a leakage of gas into the apartment, and the gas from a stifled fire deprived of air is absolutely poisonous. All gases from combustion are injurious and deadly, but the gas from a stifled fire is carbonic oxide, which is about four times as injurious as that from a fire which is burning

freely, and especially destructive to the brain. A fire may easily be checked by covering it with ashes, which is a harmless practice, but to check it by obstructing the stove-pipe with a damper valve is a dangerous and unwholesome practice.

When we are exposed to severe weather, a woollen muffler of open texture should be wrapped around the lower part of the face and back of the neck. If it covers the nose, so that we breathe through it, it protects the lungs greatly from the impression of cold. This arrangement protects the base of the brain, and thereby sustains our warmth and vital force.—*Prof. Jos. Rodes Buchanan, M. D., in Hygienic Magazine.*

Strophanthus in Urticaria and Anæmia.

Ord has found strophanthus, in 5 drop doses of the 1x tincture, of more general value in urticaria than any other drug. Especially in the more chronic forms, when apis mel. and chloral hydrate 4x (his two previous favorites) have failed or only given temporary relief, strophanthus has promptly cured. When there is any accompanying cardiac weakness, especially with palpitation, this gives an additional indication for its use. He is now treating a lady who has had constant outbursts of urticarial rash dating from exposure to an offensive effluvium from a dead whale cast upon the sands six months ago. The attacks would also recur after drinking a glass of table beer. Since taking strophanthus for three weeks there has been no sign of a rash.

Strophanthus seems to have some specific action in anæmia of young women. Again and again he has seen cases in which iron had been given in vain, though in carefully selected forms, immediately and rapidly improve when strophanthus was given in alternation or in addition to the iron preparation. Whenever palpitation and breathlessness are marked features in such cases, he uses strophanthus, and rarely without good results. Whether these effects are due to the tonic action of the drug on the flagging cardiac muscle, or on the nervous system, in the absence of good provings it is impossible to say. He has not obtained such results from digitalis.—*Monthly Homœopathic Review.*

Riding the Bicycle.

Dr. G. H. Patchen, New York, after reviewing the arguments advanced pro and con upon this subject, and dwelling particularly upon prostatic troubles caused by the abuse of the sexual act, arrives at the following conclusions :

1. That prostatic enlargement is not a necessary and much to be dreaded inheritance of old age, but is the direct result of violated law—the penalty imposed by nature for excessive sexual activity. The reasons for its appearance after middle life are that a considerable period of time is required for its development, and that the diminish-

ing vitality of advancing years is not sufficient to check or turn aside the tide of nutrition which evil habit has established and kept so long flowing toward it.

2. That there is nothing about the construction or use of the bicycle which will injure either the functional or organic condition of the prostate, because, by its power to promote and cultivate abdominal respiratory rhythm, it is supplied with a perfect antidote to all such evil tendencies.

3. That no man, of whatever age, whose prostate has not been organically deranged by sexual excess in some of its various forms, need hesitate to take up the bicycle as a wholesome and health-giving means of outdoor exercise.

4. That, for reasons already mentioned, the bicycle may be used as an auxiliary curative measure by all sufferers from prostatic enlargement, provided, always, the real cause of the disease is not allowed to assert itself.—*Dietetic and Hygiene Gazette*.

TO DIMINISH AND CURE OVER-FATNESS.—Dr. William T. Cathell, Baltimore, Md., in an interesting article, outlines the following plan for the treatment of the above condition. He advises the patient to drink a large glassful of artificial Kissingen water twenty minutes after each meal, to be followed the next day by a similar amount of artificial Vichy water. A persistent use of these waters day after day, for weeks, will produce a wonderful change in the weight of the person taking them. While using them, the patient should keep tally on his girth and weight by taking his measures and by carefully weighing his body in the same clothes and on the same scales. If he has lost a couple of pounds for each week, take a smaller glass of each at every drink; and if he has lost less than a couple of pounds for each week, squeeze a few teaspoonfuls of lemon-juice into each glass of Kissingen to increase its acidity, and also add one teaspoonful of aromatic spirits of ammonia to each glass of Vichy to increase its alkalinity. The patient should also use less starches, sugars, fats, alcoholics: use neither food nor alcoholics except at regular meals. Take moderate exercise.—*Dietetic and Hygiene Gazette*.

EPIDIDYMITIS.—Phillipson describes a new treatment of epididymitis which allows the patient perfect freedom to go about. The principles of his treatment are (1) Compression of the testicle, which causes the inflammatory swelling rapidly to disappear. (2) Puncture of the tunica vaginalis. Sometimes compression alone is indicated, while in other cases puncture and compression may be necessary. As a dressing iodide of lead plaster was first tried, but this had the disadvantage of producing excoriations. He then used suspensories. It was found difficult to get two alike, and they were rather difficult to adjust.

One of two methods of compression by means of bandages may be used. (1) Two flannel bandages, quite elastic, and two circles—one of flannel, the other of gutta percha. One bandage first draws down the testicle from the inguinal canal. The two circles are then placed underneath the testicle and covered by succeeding turns. This method often produces unbearable pain. The author recommends the following: (2) A flannel bandage, three metres long and three centimetres wide, is used, the first turn being applied above the testicle. This end of the bandage he allows the patient to hold until the following circular turns are firm enough to hold it and prevent the testicle from slipping up towards the inguinal canal. The dressing is then completed by alternate circular and spiral turns of the bandage, and the two ends fastened together with a safety pin, and the whole surrounded with a suspensory bandage. This dressing may be re-applied daily.

SUNSHINE AND SLEEP.—Sleepless people—and there are many in America—should court the sun. The very worst soporific is laudanum, and the very best is sunshine. Therefore it is very plain that poor sleepers should pass as many hours as possible in the sunshine, and as few as possible in the shade. Many women are martyrs and yet they do not know it. They wear veils, carry parasols, and do all they possibly can to keep off the potent influence which is intended to give them strength and beauty and cheerfulness. The women of America are pale and delicate. They may be blooming and strong, and the sunlight will be a potent influence in this transformation.

The *Medical Times* describes a simple and unique and apparently rational method of removing foreign bodies from the throat, where instrumental means may fail. The difficulty of removing fish-bones and similar obstructions impacted at the lower end of the esophagus is well known, and various mechanical measures and appliances have been invented to deal with the difficulty. One of the most simple, however, and, as reported, one of the most effectual, is to administer to the patient a pint of milk, and forty minutes afterwards an emetic of sulphate of zinc. The fluid easily passes the obstruction, and is, of course, rapidly coagulated in the stomach into a more or less solid mass, which, on being ejected, forces the obstruction before it and so effects its removal.

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We have arranged to make our subscribers, old and new, a series of combination offers that will prove of advantage to many. This is open to all subscribers of 1898, both those who have paid and those to come. This offer will be found on page 25 of our advertising columns.

Should any recipient of the Journal wish his subscription discontinued, he will oblige us by writing at once. We always understand that subscribers who do not advise us to the contrary wish to continue.

PHOSPHORUS.

Though phosphorus has been variously classified as a remedy—as a nervous, sexual, vital stimulant, a respiratory alterative, an anti-rheumatic, etc., and though it be found, to a greater or less extent, in both the bones and the nervous tissues of the body—we believe that our experience with the drug sustains the assertion that phosphorus is a remedy in any disease in which there is *atony, debility, adynamia*.

Further, we believe that its beneficence in any case is evanescent. It furnishes a flash or a blaze that may kindle smoldering embers into active life. The vital spark may be fanned into a blaze by its administration.

Another has said of it: "Phosphorus is a rapid stimulant; it creates waste, not power; it impoverishes, but does not enrich; it momentarily galvanizes torpid functions, but is incapable of renewing a

dilapidated constitution, or a nervous system exhausted by chronic disease." When the proper case is selected, and phosphorus given, the patient seems to take on new life. The full, expressionless eye, the swollen lids, the pallid, waving nostril, the featureless mouth, the unsteady gait and movements—all evidences of exhaustion—are changed by the administration of phosphorus. The dull, opaque skin; the leaden tongue, with little or no change in its size or shape; the moist, even slimy mouth; the pink color of the parts well supplied with blood, like the lips and gums and inner surface of the eye-lids; the deficient electricity in the body; the lack of energy and the incapacity for work and exertion—all evidences of atony, mal nutrition, blood-deprivation—call for phosphorus as a restorative.

Poor digestion and poorer blood-making, defective secretory power displayed in the various glandular systems of the body, and defective excretions from the lungs, skin, kidneys, and bowels; sympathetic enervation, brain-fag, urinary lassitude, reproductive incompetency, impotence—all indicative of anemia, even of so-called *pernicious* anemia—are indications for the administration of phosphorus. It is the remedy where the fires of life are running low, are banked; there is languor and debility, and perhaps a want of acute evidences of disease.

When these conditions exist phosphorus is both tonic and stimulant. Under its beneficent effects the capillary circulation is increased, cell-growth is accelerated, digestion is strengthened, perspiration is produced, the kidneys are flushed, and the excretion of urine, urates, and urea is stimulated, muscular power is renewed, mentality is reinvigorated, tactile sensation becomes more acute, sexual appetite and sexual competency are restored and renewed; the weight of the body and of the bones grow apace. In short, there is a reclamation or restoration—a change from inactivity to activity, from innocuous desuetude to a hustle and bustle to live and to live very fast.

With these ideas of atony and depression continually before us as beacon lights, the prescribing of phosphorus becomes an easy task. It may be *the* remedy in any disease.

It is to be commended in neurasthenia, or nervous debility or exhaustion, whether it be due to anxiety, overwork, sexual excesses, or to the devitalizing pains of an atonic neuralgia or rheumatism. Phosphorus is not an analgesic, but it helps place the body upon a physical plane that is beyond the reach of pain.

Phosphorus is a remedy of great value in many cases of pneumonia, especially in the stage of hepatization, when there is labored breathing, with great depression. It should not be forgotten in chronic bronchitis, chronic laryngitis, chronic pneumonia, or in typhoid pneumonia. It is efficient in the later stages of low fevers generally when there is debility, unconsciousness, muttering delirium, involuntary discharges, and many other things that combine to make a bad case. Phosphorus will "wake up" an amenorrhea, a chlorosis, a malignant

jaundice, glandular engorgements and enlargements in the depressed and in the scrofulous. It will assist in the cure of fistulas, the chronic diarrheas, colliquitive sweatings, and other exhaustive discharges in the phthisical and debilitated sufferer.

Phosphorus is an excellent remedy in atheroma of the cerebral vessels, in softening of the brain, in functional paralysis, and in locomotor ataxia, in the absence of inflammatory disturbances. The same is true of it in the sleeplessness of the aged, in melancholy, in hysteria, in morphinism, and in acute and chronic alcoholism. It is of value in some cases of epilepsy—the opposite of the bromide case—and in exhaustion from long-continued bodily strain, with reduced nutrition of the nerve centers.

Great stress has been placed upon the use of phosphorus in genito-urinary wrongs. The proper conditions must present, or the results will be disappointing. It relieves disturbances of the kidneys, bladder, prostate, urethra, testes, and ovaries. As a remedy for sexual weakness, seminal emissions, and the many results of sexual abuse, we doubt whether it has any effect beyond the general tonic and stimulant influence upon the whole organism.

Phosphorus is a standard remedy in osteo malacia and in rachitis, as it is also in some cases of diabetes mellitus, and in the exanthematous diseases when the eruptions are delayed. It is suggested as a remedy in proctitis, especially when of a chronic character.

Phosphorus is recommended as a companion remedy with arsenic in certain skin affections, like herpes zoster, psoriasis, lepra, lupus, and in acne, boils, and carbuncles. In small doses it is often a valuable remedy in the treatment of weak and puny children.

Notwithstanding that we thus praise phosphorus, like many other remedies, it carries a "sting in its tail," and the improper use of it is highly dangerous. Besides, by an over dose of the drug, poisoning by phosphorus may be brought about through suicidal intent, by the use of match heads or of rat poison. The first symptoms are pain and burning in the stomach, together with vomiting and purging, the discharges being more or less phosphorescent. The effect is to rob the blood of its oxygen, and it becomes black, liquefied, and filled with decomposition products. Then follow extravasations, purpura, hematuria, hemorrhages. In the female it will bring about a bloody discharge from the womb, and abortion, if pregnancy exist. It will cause sugar and albumen to appear in the urine. Death is due generally to exhaustion. One and one third grains have proved fatal. Free emesis and the ingestion of copious amounts of albuminous and mucilaginous drinks, and of large amounts of hydrated magnesia or of sulphate of magnesia, are the best antidotes. Sulphate of copper is said to form with the phosphorus in the stomach an insoluble salt; but the copper is of itself a poison, therefore dangerous. Ordinary oils promote absorption, and should not be given. Oxygen is an excellent antidote; so is an old acid oil of turpentine, but not the com-

mon oil of turpentine. The one-third of one per cent. solution of permanganate of potassium is an oxidizer that may be given with some assurance of relief.

Even the long-continued use of small doses of phosphorus is fraught with some danger, as it is said to produce fatty degeneration of the liver, stomach, and other organs. It produces necrosis, especially of the lower jaw, and certainly attacks carious teeth in those who work in its fumes.

Our experience in the use of phosphorus is based almost solely on the specific medicine. The strength of this preparation is always the same; there is no variation from oxidation, etc.—1-240 of a grain of phosphorus to the minim. Solid preparations are unstable because of more or less oxidation, and are variable because of methods of manufacture. Besides, there is a great temptation to use the ordinary *match* or *red* phosphorus in solid preparations like pills. Medicinal phosphorus should be made only from natural *white* or *wax* phosphorus, and not from the red or amorphous variety. The dose of the specific medicine is a teaspoonful of a mixture of from five to ten drops to four ounces of water, repeated every two to four hours. W. E. B.

PHTHISIS.

That phthisis is one of the greatest scourges of the human family few will deny. That it is rapidly increasing its ravages, is patent to every observing physician, even though he be not a believer in tabulated statistics. In every community this dread disease finds its victims. It is not only one of the most fatal, but one that causes a great deal of suffering, both physical and mental; for while the patient generally fights the idea that he is a victim of this unwelcome guest, yet beneath all of his vehement denials of its presence, the silent tear, the stages of melancholy, belie his own words, and he feels there is but little hope.

If the profession is unable to cure this most common foe of mankind, how may we limit or stay its progress? A great deal may be accomplished by the destruction of the sputum. This undoubtedly is a medium by which the poison, whatever that may be, is conveyed from one person to another. The people, through the physician, are to be educated against the disgusting habit of expectorating on the floor of public or private buildings, in public conveyances, such as steam cars, street cars, etc. If every physician would make a crusade against this pernicious habit, a vast amount of contagion would be removed from a suffering public. Let us instruct our phthisical patients when at home to expectorate on cloth or bits of paper, and then throw into the fire and burn, or to use a cup of slaked lime, and cover each expectorated mass with the dry powder; if traveling, to expectorate on cloth or handkerchiefs, and burn on their return. The carrying of the poisonous mass in the pocket for a short time is attended with but little danger; for in the moist state the poison is not apt to

find its way to others. Let us make a fight against this filthy, disgusting, disease producing habit.

Secondly, let us preach hygienic measures. A great deal more can be accomplished by an out-door life and change of climate, than by dosing the patient with drugs. Above all, do not advise cod-liver oil. The patient's only hope lies in improving the blood supply. As long as he has a good appetite and good digestion, he will be able to keep the disease in check. Cod liver oil nauseates, destroys the appetite, and results many times in producing the very trouble we are striving to overcome. If able to profit by advice, a change of climate will accomplish much, though unfortunately the great majority of sufferers belong to that large class who are unable from straightened circumstances to profit by such suggestions.

The isolation of the consumptive, of which we hear so much in recent years, is not practical, and so vast an army of sympathisers of the afflicted would make so decided a protest, that the law could not be executed, even could such legislation be enacted, and it would soon become a dead letter.

R. L. T.

CAPSELLA BURSA PASTORIS—Bursa Pastoris—Shepherd's Purse.

This is an old time domestic remedy that was used as early as the middle of the last century. Its virtues are found best in the fresh herb, and preparations made from it. Various properties are ascribed to it—stimulant, diuretic, hemostatic, anti scorbutic, etc.

As a hemostatic, it is said to be an efficacious remedy in hemorrhage from the lungs, the kidneys, and the uterus. It is highly recommended in chronic menorrhagia, where the flow is copious, appears too frequently, continues too long, or even constantly, when it may be almost colorless. Some ascribe to capsella emmenagogue properties, declaring that it promotes the tardy and scanty or arrested menstrual flow. We have not had much personal experience with the drug in this line. Our use of it is based mainly on its diuretic action, and in this field we are willing to vouch for its worth. It relieves both renal and vesical irritation, and at the same time it promotes the functional activity of the kidneys to a very great degree. The increased flow of bland urine frequently relieves the incontinence of the aged, and especially of old women, when the inability to retain the urine is due to irritation of the bladder or kidneys—a chronic cystitis or nephritis. We desire to put special stress upon the capsella case: there is *frequent desire* and the urine is *heavy*, with a heavy, brick-dust, phosphatic sediment. A year or two ago our attention was specially directed to this by an article in the *Hom. Recorder*, by Dr. Phillips, of Hartwell, O. Since that time we have used the drug freely and frequently when the above described symptoms prevail. We remember one case of ascites in which the most astonishing results followed its administration.

Capsella should be recommended in cases of hematuria. However, we do not think it the equal of *triticum repens* in this trouble. It has been highly commended in both chronic diarrhea and dysentery, as well as in some cases of dyspepsia.

It has given excellent results in a few cases of oedema of the glottis. We believe the effect is produced by its action on the kidneys—its anti-dropsical effect.

The dose of *capsella bursa pastoris* is from one to fifteen drops in water, every two to four hours. Doctor, try it in the next case of urinary trouble in which the above indications prevail, and we believe that you will be pleased.

W. E. B.

SURGICAL HINTS.

ANÆSTHETICS.—Since the first discovery of anæsthetics about half a century has elapsed, and very little advances have been made since the first discovery in the line of entirely new remedies for the purpose of producing complete anæsthesia for surgical operations.

Ether.—Ether holds the first place in the opinion of many surgeons, as the best of the anæsthetics known to the medical profession. Many claim that it is less harmful, and can be given for a longer period, with less bad results, than any other anæsthetic.

Chloroform.—Chloroform has an equal number of competent surgeons, who are wedded to the use of this remedy in anæsthesia, and prefer it to all other remedies, on account of its speedy and profound impress on all cases.

A. C. E. Mixture.—This mixture is composed of alcohol, chloroform and ether, in the proportion of one, two, and three parts, by measure. It has been found a very good and efficient remedy to produce anæsthesia in a majority of cases. Yet there are some patients who do not succumb to this lethal influence without the administration of enormous quantities of the mixture.

P. A. C. E.—This is one of the most charming mixtures, and is more kindly taken by the patients than any other remedy which has been named in this article. The compound is composed of perfumery (the quadruple extract of white rose), one part of alcohol, three of chloroform, six of ether, with the parts all measured. Children, and patients who fear the smothering influence of all other anæsthetics, take kindly to this mixture, the perfumery covering the bad odor of the chloroform and ether; and in my opinion there is much less nausea following the administration of this remedy.

A fifth new mixture has been recently added, known as *Schleich's* new anæsthetic mixture. It has been recently introduced in the practice of some of the hospitals.

Number one, of these latter mixtures, consists of chloroform, one and a half ounces; petroleum ether, one half ounce; sulphuric ether, six ounces. This mixture is thoroughly agitated and given with the

ordinary care and cone, that may be used with any of the other anæsthetics.

Mixture number two consists of chloroform, one and one-half ounces; petroleum ether, one-half ounce; and ether, five ounces.

Number three is composed of chloroform, one ounce; petroleum ether, one-half ounce; and sulphuric ether, two and three-fourths ounces.

It is claimed that in the new mixture there is less cyanosis in its full administration, and less of the bronchial irritation, than in any of the other remedies heretofore used by the profession.

It has been my observation and experience, that in the administration of anæsthetics the fault lies as much with the anæsthetist as with any of the different agents used. I instruct all those who administer an anæsthetic for me, that they must not—and I will not permit them—to push the patient to the extreme in the administration of any anæsthetic. I much prefer to avoid the last stages of anæsthesia, that is to say, that profound, stertorous breathing, and that cyanotic condition of the face, neck and ears of the patient, in the profound impress of these remedies. In the administration of anæsthetics, I always prefer the ordinary towel, with a newspaper folded into it, and the end turned over and pinned down in such a manner that no air can be admitted except around the edges of the cone, as it is placed over the face. These cones can always be made up just before an operation, and instead of the patient breathing and using a cone that has been used by others, and is objectionable in more ways than one, always have a nice clean special cone made, inexpensive, and as good as the high-priced devices found in the market.

In the administration of an anæsthetic, the person administering should watch the breathing carefully, and with the finger on the artery (facial or temporal) note all the different changes, as the anæsthesia progresses. There is little reliance to be placed on the pulse at all times, as it will sometimes be scarcely perceptible just before the patient experiences nausea, and advances to free emesis. Care should always be taken to observe that the clothing around the neck and chest be loosened, so that the anæsthetist can have a full view of the expansion of the thorax.

There are cases of bronchial irritation and of albuminuria, in which ether is contra-indicated, and if the surgeon and anæsthetist disregards these conditions of the air passages or lesions of the kidneys, they may be confronted, in the next few hours, with the fatal termination of a case, which, if another agent had been used, would have resulted in recovery, rather than in death.

* * * *

MALPRACTICE SUIT.—Our State Board of Medical Registration, backed by the medical profession of the State, should petition our Legislature to enact a law making the statute of limitation of time in which malpractice suits may be brought from any cause whatever not

to exceed two years as the extreme time limit; and there should be a proviso, that any person bringing a malpractice suit, or putting in a plea of malpractice as a counter-claim, in the collection of a surgeon's fee, should be compelled to give an indemnity bond for the amount asked in the malpractice suit; so that, in case of failure to establish damage on account of malpractice, the surgeon would have recourse by suing on this bond. The medical profession are at the mercy of any person who may seek to avoid the collection of legitimate fees by having a counter-claim filed for malpractice, whether a reason exists or not. And many medical men are forced to be black-mailed out of their legitimate fee, rather than enforce its collection, and fight the charges of a malpractice claim, which is so often put in as a bar against a legitimate, legal, medical or surgical fee.

* * * *

IRRIGATION DURING CURETTAGE.—I have forever abandoned the use of irrigation with any kind of fluid in intra-uterine curettage, since I have come into possession of a curette made with a long canal extending downward from the scoop towards the handle, for the purpose of aiding operators in removing all of the intra-uterine debris. I believe any fluid, other than the blood within the womb, to be harmful, and in contact with the blood-corpuscles favor a septic condition, which might produce a metritis. I have seen several cases, and others have come to my notice, where, during a curettage with irrigation, the womb has been punctured, and quite a quantity of irrigating fluid introduced through the puncture into the pelvic cavity, producing an alarming pelvic peritonitis.

L. E. R.

EUPHORBIA PILULIFERA—Snake Weed—Cat's Hair.

This, the "pill-bearing spurge," is not among the euphorbias noticed in Eclectic works on materia medica. It is a native of Australia and the West Indies, where it grows profusely as a weed. It is the "asthma weed" of the specific medicine list. As a medicine it is classed as an antispasmodic and a nerve sedative. It has a peculiar or particular action upon respiration and circulation, in small animals stopping both and causing death. It may be said to be indicated by spasmodic action of the muscles of respiration, and by bronchial irritation.

The effects of *euphorbia pilulifera* in many cases of asthma are really extraordinary. The relief is prompt, complete, and in many cases permanent. Recently in a clinical case in the college, the result obtained through the administration of this drug in a case of asthma of long standing was surprising. Three months have passed, and there has not been a paroxysm. We are not able to give the specific indications for the use of the drug, unless it be the *paroxysmal* variety—that due to a peculiar nervous excitement which is specifically met by this drug.

Asthma weed is an excellent remedy in many, if not in all, bronchial affections, especially in those of a chronic nature, and in those of old people. It is a remedy for distressing coughs and troublesome colds, accompanied by tightness and wheezing. It relieves many cases of *hay asthma*, as well as the dyspnoea due to cardiac troubles. It is an efficient remedy in many cases of emphysema. In phthisis pulmonalis *euphorbia pil.* checks the cough, promotes expectoration, and relieves the nervous tension and irritation, thereby producing an anodyne effect that is both pleasing and effective.

We suggest to Journal readers a trial of this remedy. If you do not have it on your list, place it there, and give it a fair trial. We are sure that it will give you satisfaction.

Of the specific medicine, from five drops to two drachms are added to four fluid ounces of water, and a teaspoonful of the mixture is given every half hour or hour. Report results to the JOURNAL.

W. E. B.

A WORD TO OUR FRIENDS.

It is probably true that the doctors are themselves greatly to blame. The way in which members of the "regular" (!)—God save the mark!—profession have villified and abused their "homœopathic" and "eclectic" brethren in the past and the spirited manner in which these practitioners have repelled the attacks, have had much to do with the fall in public opinion. The time is ripe for the burying of sectarianism in medicine. If the progressive, honest, far-seeing members of the American Medical Association will openly and freely pass a resolution which shall allow all affiliating bodies to accept for membership graduates of reputable homœopathic and eclectic schools, who do not use the term "homœopath" or "eclectic" to trade upon, who are simply known as "physicians" and practice as they please (as do we all), and allow consultation with such practitioners, the problem of obliteration will soon solve itself, and one of the chief obstacles to proper medical legislation will have been removed.—*Am. Jour. of Surg. and Gyn.*

The foregoing editorial is so different in spirit from the usual references to our school as to induce us to question whether we have read aright. We have labored long and earnestly to show by our acts that we are neither ignorant nor charlatans, and yet have sometimes felt that we must be at fault in some way, for, men who met us socially, in church, in politics, in science, and who knew us well, would still call us professional quacks.

We have felt in more instances than one, that the disgrace was not in us, but in those who were unconsciously either slaves to men who governed them, or were unfair to their own good selves. But, of late, a mellowing touch seems to have come over some of our friends in the dominant school. A kindly word in connection with our mutual professional duties, an occasional credit for our past work, and an absence of sneers in print is not unusual. This editorial is decidedly friendly, and the unwritten rules governing gentlemen demand that we reply no less cordially and plainly.

That the methods physicians have sometimes adopted in vilifying gentlemen of other schools has tended to degrade our entire profession before fair-minded men, is too true. We are not blameless, but as we have usually been on the defensive, a court of equity would hold us less responsible than it would our powerful neighbor who has lost no chance to misrepresent and oppress us. But we ask no release for our own acts; every word of vicious abuse of honorable men made by us, even though it be the result of great provocation, has done these men no harm, and has not credited ourselves.

Concerning the American Medical Association phase of the subject we have no desire to become a faction, perhaps a disturbing faction, in that powerful organization. We have a work to do, a work in behalf of humanity, and prefer to do it in our own independent way. In no spirit of reflection do we say, that in our opinion to become a member of that organization would be for us to give up the right to free thought, to be blotted from existence; but we believe it to be true, nevertheless. We would rather be classed as irregulars by others than to personally feel that we are slaves, which, considering our principles and our disinclination to bow to authority dead long ago, would be the case were we to subscribe to a Code that prohibits gentlemen from recognizing merit or even historical fact in outsiders, and opposing free thought and speech at home; neither can we agree to call men quacks who view some things differently from ourselves.

And lastly, we must ask our Regular friend who asks us to drop our distinctive title a question. Who is it that trades on his name? Has it not been the aim of the Regular profession from the dawning of their power, to discredit every man but him who sails as a Regular, and also to make their men hold up the name Regular. Have not Eclectics been less brazen, less arrogant, less vicious, in behalf of their name?

Two wrongs do not make a right. While ten thousand physicians have been asking a hearing of the American people under the name Eclectic, one hundred thousand have been clamorous for conspicuity under the name Regular; and every word of abuse indulged by either side, has been a wrong to him who used it. The fact that you have the great majority makes you Regular, but not necessarily right; neither does it right misstatements.

Friend, there is work enough for all of us to do in our respective fields, and many opportunities for work outside both our limits, doing good and serving mankind. We may all be gentlemen, students, scholars, and yet walk toward the same goal on different paths. We honor you for your good works; we propose to so act as to lead the American people to commend us for ours, and eventually we hope that you likewise will see that we have had the same lofty aims that every true physician should maintain. In all that tends to higher, better education, to freedom from prejudice, to high professional honor, we promise you our support. But we can not ask our Homœ-

opathic friends to give up their name, we do not ask you to give up yours, neither do we intend to give up our own.

ANTHROPOLOGY.

NEW YORK, March 4, 1898.

JOHN K. SCUDDER, M. D.—*Dear Sir*: Your medical Journal for March came this morning, and I have been especially interested in "The Earlier Period of Reform Medicine," by our venerable co-worker, Alexander Wilder, M. D., and in the "Biographical Sketch of the Faculty of the Eclectic Medical Institute, 1852 to 1856, by Prof. Edwin Freeman, M. D. Through an inadvertence which the latter will undoubtedly recognize the moment I call his attention to it, he uses the word *anthropology* on page 155, where he should have said *sarcognomy*. Our worthy old friend, Prof. J. R. Buchanan, notwithstanding he has passed the age of eighty, will hardly lay claim to the discovery of the science of anthropology, but he is credited with discovering, in 1842, "the science of the correspondence and sympathy between the entire surface of the brain and the entire surface of the body," and to this science he gave the name of *sarcognomy*.

Yours truly,

E. R. FOOTE, M. D.

[NOTE.—On examining a copy of Prof. Buchanan's work, I find I was in error in using the word "anthropology" where I should have used "sarcognomy."—FREEMAN.]

ECLECTIC REPRESENTATIVES.

As we have so many inquiries from physicians desiring to locate in different States, we have decided to compile a list of the Eclectics on the different State Boards, and trust that our readers will correspond directly with the Eclectic representative, in case information is wanted. When writing them state definitely what you wish, and inclose postage.

We shall be glad to make any corrections or additions to this list.

Arizona—C. W. Woods, M. D., Jerome.
 California—G. G. Gere, M. D., 127 Geary st. San Francisco.
 Colorado—T. W. Miles, M. D., corner 17th and Stout sts, Denver.
 Connecticut—L. Bailey, M. D., Middletown.
 Dist. Columbia—Thos. Robinson, M. D., 1415 P st. N. W. Wash'n.
 Georgia—W. V. Robertson, M. D., Atlanta.
 Idaho—J. W. Turner, M. D., Cottonwood.
 Illinois—R. T. Bennett, M. D., Litchfield.
 Indiana—W. F. Curryer, M. D., Indianapolis.
 Iowa—J. A. McKlveen, M. D., Charlton.
 Kansas—E. M. Hoover, M. D., Halstead.
 Kentucky—G. T. Fuller, M. D., Mayfield.
 Massachusetts—C. Edwin Miles, M. D., Boston.
 Missouri—E. Lee Standlee, M. D., St. Louis.
 Nebraska—H. B. Cummins, M. D., Seward.
 New Hampshire—W. H. True, M. D., Laconia.
 New Mexico—G. S. Easterday, M. D., Albuquerque.
 New York—A. R. Tiel, M. D., Matteawan.
 Ohio—David Williams, M. D., 196 E. Long st., Columbus.
 Pennsylvania—M. A. Kirk, M. D., Bellefonte.
 Tennessee—W. H. Halbert, M. D., Nashville.
 Utah—Briant Stringham, M. D., Bountiful.
 Wisconsin—C. E. Quigg, M. D., Tomah.

BOOK NOTICES.

THE TWENTIETH CENTURY PRACTICE: An International Encyclopedia of Modern Medical Practice, by leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York. In twenty volumes. Volume XIII: Infectious Diseases. New York: Wm. Wood & Co. Cloth, \$5.00.

Dr. Victor C. Vaughan, of Ann Arbor, Mich., has the opening article of this most interesting volume, and has for his subject, Bacterial Poisons, which he divides into Ptomaines, Toxins, and Leucomaines. He says: "That the infectious diseases are caused by certain micro-organisms has been positively demonstrated. For hundreds of years the logical minds of the profession saw that the theory of a *contagium vivum* was the only rational explanation of the spread of epidemics; but the medical world was compelled to await the discovery and development of the compound microscope before the causal relationship of minute forms of life to diseases could be demonstrated to the senses. The early observations of Davaine and Pollender, made about the middle of the nineteenth century, followed, as they were, by the laborious and fruitful researches of Pasteur, Koch, and others, have lifted our knowledge of the etiology of the infectious diseases from the uncertain sands of speculation, and placed it upon the solid rocks of science."

Having thus boldly stated the cause of infectious diseases, with the sweep of his pen he thus disposes of those who take issue with the germ theory, in the following sentence: "It is true that in the last years of the nineteenth century, there are a few who still question the causal relationship of germs to disease, but professionally these live in a past now so remote that we may consider them only of archeological interest."

After this introduction, he gives a careful resume of what is known of the ptomaines, toxins, and leucomaines, in poisoning food, both animal and vegetable, also in producing the specific infectious diseases.

Dr. Harold C. Ernst, of Boston, follows with an article on "Infection and Immunity," showing the manner and method of infection, and theory of immunity.

Drs. Ernest Hart and Solomon C. Smith, of London, follow with an able and interesting article on "Water-born Diseases." Typhoid fever and cholera are treated at length in this article, which closes with methods and measures for preventing water-born diseases.

Dr. Dawson Williams, of London, has made a careful study of the subject of "Incubation and Infectiousness in Acute Specific Diseases," and writes a pleasing article on the same.

Dr. John William Moore, of Dublin, writes on that most loathsome yet always interesting subject, Small-pox. After giving a history of this old disease, he proceeds with its etiology, symptomatology, complications, pathology, diagnosis, and treatment. Naturally, following small-pox, we would have an article on Vaccination, and Dr. P. Bonnardel, of Paris, treats of this subject, which, though old, is ever interesting. Dr. Jules Canby, of Paris, has the closing article on Mumps. Those who have read Dr. Canby's former articles will read with interest what he has to say on mumps.

R. L. T.

ORTHOPEDIC SURGERY. By James E. Moore, M. D., Professor of Orthopedic and Clinical Surgery in the College of Medicine of the University of Minnesota. W. B. Saunders, publisher, Philadelphia. 8vo, cloth, \$2.50.

This is a well written volume of 360 pages. The half tones, illustrative of the deformities of which this work treats, are excellent, and serve well the purpose for which they are designed. The author's aim seems to have been to give us a practical and conservative work on this subject. He has certainly given us the most advanced views of the writers in this department of surgery. Surgeons wishing to keep abreast of the times will make no mistake by placing this volume on their shelves for reference.

B. R. H.

ELEMENTS OF LATIN. For Students of Medicine and Pharmacy. By G. D. Crothers, A. M., M. D., and H. H. Bice, A. M. Pages xii-242. Flexible cloth, \$1.25 net. The F. A. Davis Co., publishers, Philadelphia.

As a very condensed and practical exposition of the elementary principles of Latin, this little volume will be found of assistance to medical students. One of the most valuable features of the work is the chapter on prescription writing. In our judgment the synopsis of the several conjugations, inserted throughout the book, might well be omitted, as superfluous and uninteresting, their place being supplied by the full conjugations, as given in the "Tables of Conjugation" at the end of the volume. Besides the general Latin-English vocabulary, a corresponding English-Latin glossary would be of service to both teacher and student.

E. V.

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This is the best exposition of the subject of hypnotism that I have yet seen. The author deals tersely, plainly, and practically with the subject, places hypnotism on a scientific basis, and does much to remove the feeling of mysterious awe with which most writers and teachers endeavor to surround it. The book is very practical, and those having a desire to practice hypnotism or mental suggestion, are here instructed just how to proceed. The numerous photographs showing methods and positions, are a valuable feature of the work.

L. W.

LIPPINCOTT'S MAGAZINE FOR MARCH, 1898.

The complete novel in the March issue of Lippincott's is "An American Aspirant," by Jennie Bullard Waterbury. It deals with the fortunes and misfortunes of a spirited young lady who studies music in Paris and hopes to become a prima donna. The moral drawn by the author for such as contemplate similar efforts is, Don't.

"The Civil Authority" is a powerful story of a weak-kneed sheriff, a resolute captain, and a company of the National Guard which attempted to defend a jail against a mob. It is by Henry H. Bennett.

Joseph A. Altsheler tells how a Federal and a Confederate soldier were left together "After the Battle," and what occurred between them. "Jim Trundle's Crisis," as described by Will N. Harbin, came when the Whitecaps proposed to whip him for neglecting his family. George Ethelbert Walsh writes instructively on "The Status of American Agriculture," and its transition from crude to scientific methods. "The Antics of Electricity" are portrayed by George J. Varney. Neith Boyce has much to say about "Historic Diamonds," and Frank H. Sweet about "Pearl-seeking." "The Archæology of Nursery Classics" is traced by Agnes Carr Sage. F. Foster, in "Literary Nomenclature," deals chiefly with the titles of novels.

SCRIBNER'S MAGAZINE. \$3.00 per annum; single copies, 25 cents.

Published monthly by Chas. Scribner's Sons, New York.

Last fall the publishers announced a programme for 1898 of unusual strength, variety, and interest. Since that time four numbers of the new year have been published. These, it is safe to say, have more than confirmed the publishers' announcement of a brilliant year.

Conspicuous among the many excellent features for 1898 stands Senator Lodge's "Story of the American Revolution," embellished by scores of remarkable illustrations by Howard Pyle, Yohn, and other celebrated artists. No feature in magazine literature for many years has been so enthusiastically received.

"The Workers," begun last August, re opens in the March number with an intensely interesting account of Prof. Wyckoff's experiences as a day laborer in the West. This narrative has awakened profound interest and been eagerly sought for by all who are interested in the actual condition of the laboring class.

Thomas Nelson Page's Story of Southern Life has always been a strong and popular feature of the new programme. Now comes the announcement of another serial by Richard Harding Davis, whose "Soldiers of Fortune" was the magazine success of last year.

OUTLINES OF RURAL HYGIENE. For Physicians, Students, and Sanitarians. By H. B. Bashore, Inspector for the State Board of Health of Pennsylvania. Illustrated. Pages vi-84, cloth, 75 cents net. The F. A. Davis Co., Publishers, Philadelphia.

To the physician who practices medicine in the country, the outlines of Rural Hygiene will prove a source of much information. He is looked to as authority upon all matters pertaining to the sanitary condition of his neighborhood, and is expected to direct all affairs looking to its betterment; and without a good knowledge of all the subjects which the writer has briefly, yet so thoroughly discussed in this work, he will not be able to properly discharge his duty to his patrons. Water-supply, its source of contamination, waste-disposal, soil and habitation, are some of the subjects upon which the author has written, and some very useful information has been given. The Appendix, by Prof. Herbert E. Smith, gives a clear idea of the sources and distribution of chlorine in water.

J. R. S.

THE SOUTH-WESTERN PROGRESSIVE MEDICAL JOURNAL, edited and published monthly by Frank L. Leister, assisted by several prominent Eclectics of Texas, Missouri and Arkansas, will make its appearance about April 1st. It will be a 28-page journal; subscription price \$1.00 per annum. A more extended notice will be given in the future. For particulars address the publisher, Dr. F. A. Leister, Rogers, Ark.

COLLEGE AND SOCIETY NOTICES.

The Beachonian Medical Society of New York Eclectic Medical College, held its January meeting at the Muncie Sanatorium, Brooklyn, on the evening of January 27, 1898. The general business of the Society being concluded, the large number of visitors assembled in the adjoining parlor were invited to seats with the doctors.

The feature of the evening was a debate conducted by Dr. E. H. Muncie, personifying the Cerebro-Spinal System, and Dr. L. H. Muncie the Sympathetic System. Cerebro Spinal opened the debate, giving many a side thrust to his antagonist, Sympathetic. Sympathetic

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Medicine has been built, and upon which it rests
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EDITORIAL FROM E. M. JOURNAL.

ASEPSIN SOAP.

MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of alkalis and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of thus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges, and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

E. W. CHALFANT, M. D., Belfontaine, O.

Have been using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge, N. Y.

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was equal to the occasion, not hesitating to deal severe blows on his cranium with her battle-axe, or punch without mercy his whole column, causing it to shake, but producing neither contusion of the brain nor injury to the spine, which might result in paralysis. Cerebro-Spinal being granted a parting thrust, without apparent mercy sent his thundering column against Sympathetic and her whole system, until it seemed to laymen present that he had annihilated his foe; but when the smoke had cleared away there she stood as serene as ever, and to the surprise of all present, like old Gen. Taylor before Santa Anna, did not know she was defeated, and demanded his unconditional surrender at once.

Being laymen we were unable to judge the merits of the arguments, and as the learned doctors themselves disagreed, we pronounced it a "drawn battle." It was a most unique affair, demonstrating the value of such debates before similar Societies, and by such eminent authorities as the doctors Muncie.

CHICAGO, March 15, 1898.

DR. PITTS EDWIN HOWES, Boston, Mass.

Dear Sir,—Replying to your letter of the 8th inst., beg to advise that the question of reduced rates from the Trans-Mississippi Exposition, to be held at Omaha, Neb., which will be opened June 1st, has not been settled; but as previously stated, will take pleasure in giving you prompt advice as soon as arrangements are announced for that occasion, and which we understand you desire to take advantage of for the annual meeting of the National Eclectic Medical Association to be held in Omaha, Neb., June 21-23, 1898.

We are unable to state how soon rates from the Trans-Mississippi Exposition will be announced, but trust to be in a position to give you information on the subject within the next thirty days. Respectfully,

B. D. CALDWELL, Chairman.

As soon as these rates are received full instructions will be mailed to all members and others applying for the same.

PITTS EDWIN HOWES, Corresponding Secretary.

The Eclectic Medical Society of the State of New York will meet in New York City on the 20th and 21st of April 1898, at Carnegie Lyceum, 57th street and 7th avenue. All physicians in sympathy with the platform and declaration of this society are cordially invited to be present.

L. J. WHITNEY, M. D., President.

The sixth annual meeting of the West Virginia State Eclectic Medical Association will be held at Fairmount May 3d and 4th, 1898. The Executive Committee has arranged a very elaborate programme, and a large number of members have reported that they would be present. There will be much business of importance before the Association this year, in regard to medical legislation in this State. Resp'y,

L. M. YOST, M. D., Secretary, Fairmount.

The 29th annual meeting of the Eclectic Medical Society of Missouri will be held at the Midland Hotel, Kansas City, June 17th and 18th, 1898. Kansas City being in direct route for the National meeting at Omaha from nearly all points in the State, we therefore confidently expect a very large attendance.

A copy of the program will be forwarded to those requesting it, whether members or not, upon receiving their address.

J. T. McCLANAHAN, President, Boonville.

The Sacramento Valley Eclectic Medical Society was organized and legally incorporated. The officers of which are as follows: President, F. G. Fay, M. D.; Vice President, Chas. Mealand, M. D.; Treasurer, W. H. Henderson, M. D.; Secretary, S. Henrikson, M. D.. All of Sacramento, Cal.

RESOLUTIONS passed by the Board of Trustees and the Faculty of the Eclectic Medical Institute.

WHEREAS, Death has removed from us our associate and colleague, Zoeth Freeman, M. D.; therefore, be it

Resolved, That in his death the Board of Trustees loses its oldest member and one who has been prompt in attendance and ever ready to lend his counsel towards forwarding all the interests of the College.

Resolved, That the Faculty will miss from its roll of members a former teacher who was an active lecturer in the College from 1849 to 1871, and has been Emeritus Professor of Surgery from 1871 to the time of his death, February 22, 1898.

Resolved, That in his death the Eclectic profession loses the last of the old Eclectics who were in active practice in the forties.

Resolved, That we extend to his bereaved wife and son our deepest sympathy, and that a copy of these resolutions be spread upon the Minutes of the Board and Faculty, and offered for publication in the different Eclectic journals. Signed,

T. L. A. GREVE, M. D. }
 WM. E. BLOYER, M. D. } Committee.
 J. K. SCUDDER, M. D. }

PERSONALS.

Dr. S. N. Cone of Oxford, Neb., is Medical Examiner for the Equitable Life of New York.

Dr. F. E. Seal of Mt. Carmel, Ind., is Medical Examiner for the New York Life Insurance Company.

Dr. S. M. Baker of Alma, Nebraska, is Medical Examiner for the Equitable Life of New York.

Dr. W. C. Bukey of Ashley, Ohio, is Medical Examiner for the Bankers' Alliance and Accident of California and Kansas Mutual Life Insurance Companies.



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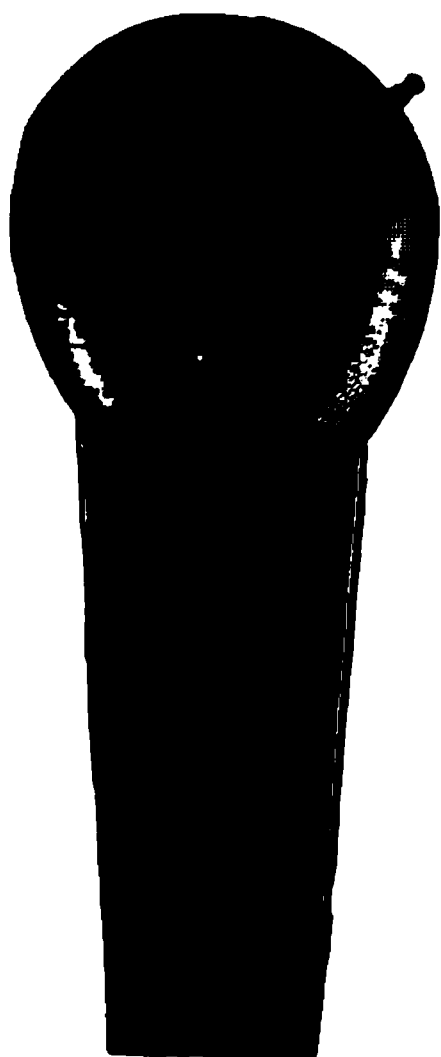
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PEORIA, ILL.

Dr. J. J. Kidder, E. M. I. '96, is doing well at Salamonia, Ind,

Dr. Vandever of Keysport, Ill., is Medical Examiner for the Court of Honor Life Insurance Company.

Dr. S. P. Creson of Edmund, Kansas, is Camp Physician for the Modern Woodmen of America.

Dr. G. R. Norris of Rio, Wis., is Examiner for the Modern Woodmen of America.

Dr. D. W. Dunn, of Seneca, Kansas, is Medical Examiner for the Modern Woodmen of America.

Dr. J. H. Jones of New Lancaster, Kansas, has removed to Knoxville, Arkansas.

Dr. R. F. Bennett of Litchfield, Ill., has been appointed by the Governor to represent Eclectics on the Illinois State Board of Health.

Dr. G. W. Woods, of Jerome, Arizona, is the Eclectic member of the Board of Medical Examiners in the Territory of Arizona.

Dr. Lee Strouse, E. M. I., '87, has just been chosen district physician for the first district in Covington, Ky.

Dr. J. B. Davis of Camden, Ill., is Medical Examiner for the Equitable Life of N. Y., and Bankers' Life of Des Moines, Iowa.

Prof. Freeman has moved his office and residence from Walnut Hills to the northeast corner of 7th and John streets, where he will be pleased to meet any physicians for surgical consultation.

There is a good opening for a young physician at Parker, South Dakota. About 1,000 inhabitants, four physicians, and a good outlying country. For particulars address Mr. J. W. Oneil, Parker, S. D.

Dr. J. N. Stowe of Opelika, Ala., is Medical Examiner for the Mutual Reserve Association of N. Y., Penn Mutual of Philadelphia and Iowa Life of Sioux City.

DIED—At Cincinnati, March 11, 1898, of pneumonia, Mrs. ELIZABETH DILL, E. M. I. class of 1898, widow of the late Dr. Nathaniel C. Dill, of DeSoto, Indiana.

The students of the Institute met and adopted the following resolutions:

Whereas, It has pleased our all-wise Creator to remove from this life our friend and class-mate, Mrs. Elizabeth C. Dill; and

Whereas, Mrs. Dill was a faithful student, a beloved associate, and an exemplary Christian woman; therefore, be it

Resolved, That we bow reverently to this sad and unexpected loss, and that we desire to place on record our appreciation of her noble influence.

Resolved, That we as students of the Eclectic Medical Institute extend our heartfelt sympathy to the parents, family and friends in this their greatest bereavement.

Resolved, That a copy of these resolutions be presented to the family of the deceased, and to the Eclectic Medical Journal, and the Eclectic Medical Gleaner for publication, and that a page in the annals of the Class of "'98" be set apart with these resolutions inscribed thereon. Signed, RALPH WALDO EMERSON, '98, }
LOUISE EASTMAN, '98. } Committee.
NANNIE M. SLOAN, '99.

Dr. O. S. Rohde, of Brooklyn, N. Y., is Medical Examiner for the Order of Golden Cross, Order National Provident Union, and Independent Order of Foresters, Toronto, Canada.

Dr. C. V. Ellingwood, of Chatsworth, Ill., Bennett '87, is Medical Examiner for the Washington, National, Equitable, Home, Phoenix, Mutual Life, N. Y., New York Life, John Hancock, Iowa Life, Manhattan, Nederland and American Union Life Insurance Companies.

LOCATION.—On account of declining health, I am obliged to change my location. I wish an energetic Eclectic to succeed me, and continue my specialty, which is confined to the eye, ear, nose and throat. I have been located here for the past seven years, and have a good, paying practice. Through correspondence I will gladly give my terms and advice to parties interested. W. P. BILES, M. D.

Mt. Vernon, Illinois.

READING NOTICES.

OBSTINATE CONSTIPATION.—I used Chionia, a teaspoonful three times a day and at bed times in a case of long standing obstinate constipation. The first three nights I directed a hot water enema to be given every night. This treatment brought about regular and spontaneous evacuations and resulted in a complete cure.—E. T. BAINBRIDGE, M. D., Lickton, Tenn.

On page 300 of the *North American Medical Review* for November, Dr. Boteler, the editor, printed an article entitled, "Personally as to Antitoxin," which contained his opinions regarding concentrated antitoxins. This article reflected very unfairly against the H. K. Mulford Company, and in the January issue of the same journal the editor makes an honorable apology for his article, which he says was based on erroneous information. We publish this explanation in justice to the Company.

PNEUMONIA.—While drugs have their place in pneumonia the excessive medication of former times no longer has the approval of modern authorities, and the attention diverted to the dietary forcibly illustrates the importance of this factor in the treatment. Somatose is peculiarly well adapted for this purpose. It consists of the nutritious elements of meat prepared in such manner that they require no digestion, but are at once absorbed and converted into the albuminous constituents of the blood. Clinical experience has shown that when administered in cases of pneumonia, Somatose is not only an easily assimilated and agreeable food, but an excellent tonic, increasing the strength of the heart, stimulating the appetite and promoting a rapid return to health.

INSOMNIA.—In a scholarly paper read before the last meeting of the British Medical Association, Dr. R. Ferguson, Lecturer on Therapeutics in the Western University (*British Med. Jour.*) presented some practical suggestions on the use of drugs in the treatment of Insomnia. While he did not believe that the hypnotic is yet discovered, or ever will be, which is at once trustworthy as to producing the result desired, and incapable of producing any unpleasant after-effects, Sulfonal, in his opinion, came as near to this standard as any drug with which he was acquainted. In the author's practice it had failed but rarely when given in the dose of 1 gramme. He had rarely, if ever, repeated this dose on the same night. In doses of less than 30 centigrammes, it might properly be considered a semi-placebo. It should not be given continuously, that is on successive nights, for any length of time, and if its use has to be continued the intervals should be even longer than two days.

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A GOLDEN ERA is the title of an illustrated pamphlet issued by the general passenger department of the Chicago, Milwaukee and St. Paul Railway on mining in Colorado, California, and other Western States.

KLONDYKE is an illustrated folder about Alaska and its gold mines, with rates of fare and information as to how to get there and what to expect after arrival. Both publications may be had free of expense by sending four (4) cents in stamps to pay postage to Geo. H. Heafford, General Passenger Agent, Chicago, Ill.

Dr. A. M. RITTER, of Milo, Ohio, Jan. 29th, 1898, writes: "I wish to speak especially of the merits of Papine, as an analgesic and sedative. I have had success with it when all other remedies of like character had failed. One case in particular of intestinal indigestion, in a child twelve months old, attended with a great amount of pain and extreme nervousness and insomnia, was speedily relieved by this remedy. It was given in five-drop doses to begin with, as required. Papine was used in this case for at least six months, in increasing doses, without doing the least harm. It has now been three months since papine was discontinued, and the child is in perfect health. I consider Papine one of our most valuable remedies as a pain reliever and nerve sedative in well selected cases."

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ORIGINAL COMMUNICATIONS.

DIAGNOSIS IN ORGANIC DISEASE OF THE HEART.

By T. Willis Miles, M. D., Denver, Col.

PROBABLY in no other disease that the general practitioner is called upon to treat is he so incompetent, and so much at sea in regard to diagnosis, and ability to determine the exact pathological condition, as he is in diseases of the heart. I do not think that I would be stating it too strongly to say that seventy-five practicing physicians out of every hundred are unable to distinguish between mitral stenosis and aortic insufficiency, or even to differentiate quite severe organic disease from that which is purely functional.

One thing that has forcibly impressed this upon my mind is the number of consumptive patients sent to me from the East who are suffering with some serious *organic* heart trouble. Now, surely no sane physician would send to an altitude of a mile above sea level a patient suffering with aortic regurgitation, if he knew that that was the condition of his patient. Still that very thing is done almost every week by physicians throughout the Eastern and Middle States; and it is for this reason, and with the hope that what I may say will help somewhat in enabling the reader to determine more accurately the condition of his patient's heart, that I pen this article.

The heart is triangular in shape, and extends from the insertion of the third rib to the fifth interspace, and from a point about three-fourths of an inch to the right of the sternum to within an inch of the inner side of the left nipple. It is attached to the great vessels above and the point rests free on the diaphragm below. Its position is subject to slight changes from various causes, as the different positions of

the body, effusion into the pleural cavities, distension of the stomach and abdomen, etc. The contractions of the heart give it a swinging motion, and the blow upon the chest is the "apex beat." It is well to get the anatomy of the heart well in mind. It is divided into two parts, the right and left, but these sides are so twisted that the right side is nearly in front, while the left side is more in the rear. The right side is smaller than the left, so that the left apex projects above the right, and really forms the apex of the heart. On this account, the only place where sounds produced in the left ventricle can be well studied is at the apex.

Each side of the heart is again divided into an *auricle* and *ventricle*. The auricle is so called from the supposed resemblance of the external portion of that part of the heart to a dog's ear. This helps us to remember that it hangs over the lower part of the heart like a dog's ear, consequently the *auricles* must be the *upper* cavities of the heart. The opening between the auricle and ventricle of the right side of the heart is closed by a valve or curtain composed of three segments, called the *tricuspid* valve. The corresponding opening between the two cavities of the left side of the heart is closed by a valve of only two segments, and hence called the *mitral* valve. From the right ventricle arises the pulmonary artery which has the pulmonary valves at its beginning, whose function is to prevent the return of the blood into the ventricle after it has been forced into the artery by the contraction or systole of the former. Springing from the left ventricle is the aorta, which orifice is similarly provided with a valve, called the aortic valve, and whose function is to prevent regurgitation during the relaxation, or diastole of the left ventricle. If the reader will associate *diastole* with *dilatation*, it will help him fix in his mind which action of the heart is called diastole and which one systole.

The situation of the valves should be remembered. According to Walshe, a superficial area of half an inch square will include a portion of all the four sets of the valves *in situ*. The pulmonary valves are the most superficial, and lie nearly horizontal. They are situated just at the lower edge of the left fourth costo sternal articulation, the left edge of the sternum being about the middle of the valve. The aortic valves are covered by the pulmonary and are slightly inclined, the right side being lower than the left. They are almost entirely covered by the left half of the sternum, and are a little lower than the pulmonary valves. The tricuspid valves lie in front of the mitral, and extend obliquely across the sternum from just below the upper border of the fourth costo-sternal articulation to the lower border of the fifth costo-sternal articulation. The mitral valves lie behind the left half of the sternum, and extend from the line of junction of the fourth to that of the fifth rib.

In examining the heart the patient should be stripped to the waist. A semi-recumbent position is usually the best. It may be desirable to change the position of the patient during examination. Frequently

the apex beat can not be felt unless the patient leans forward. In a healthy subject the apex beat can be felt in the sixth interspace an inch inside of a vertical line passing through the left nipple. The size, shape, and location of this area should be carefully noted. One of the first departures from a natural condition is a change in the location of the apex beat. Hypertrophy of the whole heart moves it downward and to the left. In dilatation the apex is also moved to the left. In hypertrophy of the left ventricle, without much change in the right, the apex is carried downward. Hypertrophy of the right ventricle may raise the apex slightly.

The character of the impulse is of great importance. In hypertrophy it is vigorous and small, in dilatation it is weak, and covers a large surface. Often, in dilatation, its distinct location can not be detected, but a wavy impulse covers a considerable space. Hypertrophy with dilatation gives a combination of the two, a tolerably vigorous impulse which covers a large space and is not well defined.

In determining the condition of the *valves* of the heart, one needs to keep his mind well fixed upon both the structure and the function of the organ. Diverse and diametrically opposite operations have to be appreciated and retained in the mind at the same time; and it is only by proceeding in a methodical manner and thinking in straight lines that we can arrive at a satisfactory conclusion. The first thing to determine, when inquiring into the condition of the valves and orifices of the heart, is whether there be any derangement, aberration, or change from the normal sounds. Any modification of the natural is a morbid sound.

First, listen at the base of the heart, then at the apex, paying separate attention to each point respectively; and also to the condition of the right and left cavities, in order that if any morbid sounds are discovered they may be isolated, and any derangement or lesion which such morbid sounds surely indicate may be designated. It simplifies the process very much to know, that far the greater number of endocardial lesions are found in the left cavities.

One must keep in mind the structure of the valves or curtains at the base of the heart. The semilunar or sigmoid valves of the aorta and pulmonary artery are analogous in shape, and act similarly and simultaneously. They are placed at their respective gateways with similar intent. They close and open, give ingress and egress to the column of blood synchronously. The same is true of those heard at the apex of the heart, the bicuspid or mitral and the tricuspid. These placed between the left and right auricles and ventricles respectively, differ essentially in form and structure from those at the base of the organ, but they resemble each other in their general shape. They also open and close simultaneously, and perform functions analogous to each other in the economy of the organ.

In making a diagnosis in the case of a heart supposed to be diseased, we address our examination to, and fix our minds upon these

two sets of valves separately, to see if any of them are diseased, and if so to note both what is the nature of the change which exists in their structure, and what modifications have been produced by their alterations of form upon the orifices which they close and open.

Porcher graphically describes this process thus: "Whoever is desirous of investigating a case of heart disease must have, in addition to his anatomical knowledge, fully and clearly in his mind the whole action and re-action in the cavities of the organ during its systole and diastole; he must know when and where the current is flowing out, and when and where its passage is estopped—whether at the back gates or at the front gates, and conversely. For it is when these muscular and tendinous strings and cords at the apex, or those semilunar curtains at the base, which open and shut these orifices, are defective, *i. e.*, where they close imperfectly (*insufficiency*) and permit regurgitation when they should not, or when, by fibrinous or other deposits upon the valves, the orifices are narrowed and roughened (*stenosis*), and thus obstruct the forward flow, and give rise to abnormal, morbid sounds—it is the consideration and explanation of this problem which is his object in every case which becomes the subject of his critical inquiry."

As it is necessary that the observer should know the cause and *rationale* of the normal sounds, I will state them. It is pretty well known that the first sound ("lubb") is synchronous with the *systole* (contraction of the ventricles) of the organ, and is owing to one or all of three causes, *viz.*, the sudden closure of the auriculo-ventricular valves, which prevents the blood from regurgitating into either auricle, the contraction of the muscular ventricles, and the impulsion of the heart against the walls of the chest. At this moment a column of blood is driven through the aorta, and the pulmonary artery and the oracles are silently filling with blood from the valveless vena cava and from the pulmonary veins.

The second sound ("dupp") is synchronous with the *diastole* of the organ, and is due to the shutting of the valves of the aorta and pulmonary artery. The closure of these valves prevents the regurgitation of the blood from the aorta and pulmonary artery into the ventricles, while during the diastole these are being filled from the auricle.

During the prolonged interval of rest between the second sound and the first sound of the next beat, the auricles are still silently pouring their contents into the ventricles, the portals of which are now wide open. Porcher says: "During this period of apparent calm, the heart—endowed with a high degree of nervous energy derived from the cardiac ganglia of the sympathetic and pneumogastric, wound round and enwrapped with concentrically interlaced muscular fibers, layer upon layer, as if encased with triple steel, and indeed the very cunningest pattern of excelling nature, as respects endurance, strength and force—is preparing, like a wild animal gathering for its spring, for the next systolic paroxysm, when its contents will be forced into

the delicate meshes of the lungs, and be driven through the finest capillary tubes in the remotest tissues of the organism."

It will greatly simplify matters, if we confine our attention to what takes place in the left side of the heart, while describing the morbid sounds and the lesions which they indicate; for what is true of the left is true of the right, so far as the circulation of the blood is concerned. Now with the first sound the blood is being driven through the aortic orifice, at which moment the mitral valve (sometimes called the back gate) is shut. So if we have a deranged or abnormal first sound heard with the greatest intensity at the base of the heart (and it is not a soft, inorganic, anemic murmur, which is due to the thinness of the blood), there is necessarily a narrowing (stenosis) or roughening of the aortic orifice, an obstruction there by vegetations, atheroma, or other morbid conditions preventing the natural flow of blood through it, and deranging or modifying the natural sound. Hence, a deranged first sound at the *base* of the heart indicates narrowing of the orifices, or, in other words, stenosis of the aortic valves.

But suppose this abnormal first sound has its greatest intensity at the *apex* of the heart. It must be owing to the fact that the back gate has a chink in it; the mitral valve is more or less open, instead of being tightly closed as it should be, and the blood, instead of meeting with the solid resistance here, giving it a foothold and enabling it to force its way forward through the aorta, is leaking back into the auricle (mitral regurgitation or insufficiency), and it gives to the ear placed over the apex a morbid murmur or blowing sound, more or less prolonged, in place of the normal first sound represented by the word "lubb." The valve is necessarily defective as a flood-gate; it is incapable of close shutting up. That its mechanism has become defective is indisputable, and we pronounce positively upon the subject. So a deranged first sound at the apex indicates insufficiency of the mitral valve.

Now we know what is the trouble when we have a morbid first sound either at the base or apex of the heart. Abnormal first sound at base, *stenosis*; at apex, *insufficiency*.

Now let us see about the second sound. If the second sound is deranged, its greatest intensity being at the base of the heart, it must necessarily indicate the exact opposite condition to that which derangements of the first sound indicated; for exactly the reversed condition of affairs is taking place. The semilunar valves are shutting now; they were open then. The valves at the base are acting directly contrary to those at the point also; when one set is shut the other is open. During the second sound we know that the aortic valves are closing, in order to keep the blood temporarily from flowing backward into the left ventricle. So if there is a morbid second sound at the base (diastolic) the valves of the aorta are insufficient. The "front gate" has not closed tightly; there is some organic change in the structure of the aortic valve, and a portion of the blood regurgitates

into the left ventricle. Therefore, a morbid second sound at the *base* indicates *insufficiency* of the *aortic* valve.

Now, suppose a deranged or morbid sound has its seat of greatest intensity at the apex instead of being at the base. It is very evident then that the mitral orifice is narrowed or obstructed (*stenosis*) and the blood in passing through makes a noise; because during the second sound (diastolic) the mitral orifice should be wide open to allow the blood from the auricle to enter noiselessly and fill up the ventricle. If the orifice is narrowed or obstructed the blood does not pass through noiselessly, and we have a murmur. A disturbed second sound at the *apex*, then, indicates *stenosis* of the *mitral* orifice.

To summarize: A deranged *first* sound at the *base*—*aortic* or *pulmonary stenosis*.

A deranged *first* sound at the *apex*—*mitral* or *tricuspid insufficiency*.

A deranged *second* sound at the *base*—*aortic* or *pulmonary insufficiency*.

A deranged *second* sound at the *apex*—*mitral* or *tricuspid stenosis*.

We may hear the normal click of the valves during the first sound, which at the same time is accompanied by an abnormal murmur or blowing sound. The normal "lubb" of the closing mitral and tricuspid valves is heard loudest at the apex, while the murmur is heard more distinctly at the base. In this case we have normal mitral and tricuspid valves, but stenosis of the aortic or pulmonary orifice.

If we have the well defined "dupp" of the second sound heard at the base, accompanied by a blowing sound, loudest at the apex, we have mitral or tricuspid stenosis, with normal aortic and pulmonary valves.

As a rule, when either sound is a mixed sound, *i. e.*, a well defined click of the closing valves, and a blowing sound or murmur at the same time, we have a normal condition of the valves which close with that sound, but stenosis of one of the orifices which should be open and free at that moment.

The regurgitant murmurs, which arise from imperfect closure of the valves, are never accompanied with the well defined click that is heard at the closing of healthy valves.

There are many other nice points of distinction to be made in making an accurate diagnosis in organic diseases of the heart, but I have deemed it best not to be too prolix, or go too fully into the numerous fine distinctions, lest I become confusing, and defeat the object of this paper. I think I have been sufficiently explicit to enable almost any physician, who will follow out the lines laid down, to determine the exact lesion in nearly every case of organic heart trouble that may come under his observation.

Now a word as to what cases may be allowed to come to a high altitude, and I have done.

A moderate amount of mitral insufficiency, especially if accompa-

nied with compensating hypertrophy, will do very well in high altitudes. Marked mitral stenosis, aortic insufficiency, or aortic stenosis, should never venture above an altitude of one thousand feet above sea level.

Every consumptive contemplating coming to this altitude (Colorado) should first have his heart thoroughly examined, and unless every organic lesion, except perhaps mitral regurgitation, can be positively excluded, he should rather seek the lower and more soothing localities of the sea coast.

SURGICAL MISCELLANY.

TRAUMATIC ACUTE SUPPURATIVE SYNOVITIS — SPREADING GANGRENE— ISCHIO RECTAL ABSCESS—FISTULA IN ANO.

By Prof. Edwin Freeman, M. D., Cincinnati, O.

A CUTE synovitis is a rather common disease of the joints, resulting from exposure to cold, or from strains, contusions, rheumatism, etc. Suppuration in acute synovitis is rare, the usual tendency being to recovery without such complication. When it does occur, the inflammation extends to the other articular structures, and the general febrile condition is increased. Heat, tensive pain, and redness of the part, are marked features. The pus escapes through the capsule into the tissues and to the surface, but not without damaging the articular cartilage by erosion, and possibly exposing the cancellated bony structure beneath. Or it may so damage the synovial membrane that on recovery a very imperfect and limited use of the joint is obtained.

A punctured or incised wound of a joint, if made with an aseptically clean instrument, will probably not produce suppuration in the joint. With proper care, such a wound would heal promptly, and the slight synovitis produced by the injury would soon be arrested, and would subside. If, however, such an aseptic instrument should pass through dirty clothing, it would probably carry with it septic germs, and suppuration would result; but not as surely as if the instrument was dirty and penetrating an unwashed skin, wounded a joint.

A suppurative synovitis produced by a punctured wound is much more severe in its effects and serious in its results than that produced by an open incised wound. The erosive effect produced by the dissolving power of pus microbes and their ptomaines, concentrated in an essentially closed cavity, renders septicæmia and possibly pyæmia almost certain, if the pus is not liberated early in the case by a free incision into the joint.

An open wound of a joint allows a free escape of the pus if suppuration occurs, and prevents the concentration of its poisonous influences. It allows cleansing processes, and by the use of antiseptic

agents, with free access to the joint cavity, prevents the multiplication of septic germs and destroys them, thus preventing the suppurative process.

Joints with extensive synovial membranes like that of the knee, require free incisions into them, so that every part of the cavity can be reached, and thorough drainage can be had from all the pockets and surfaces of the membrane.

A case illustrative of this was furnished by a patient to whom I was called by Dr. A. J. Crance, of Ross, Ky. Mr. N., a neighbor, accidentally cut his knee-joint with the corner of his axe. The wound was just above the inner border of the patella, and penetrated the capsule of the knee-joint. The man, presumably to save a doctor's bill, rubbed some ashes into the wound, and sewed it up himself with an ordinary needle and thread. Acute synovitis soon developed, and the doctor was called. Notwithstanding active treatment, suppuration soon became a marked feature of the case, and then symptoms of septicæmia developed. Rigidity and tetanic contractions about the head, neck, and body, hastened the necessity for consultation. When I saw him, the jarring of the bed by walking on the floor and every effort to move the patient would excite the contractions.

The wound was open, the joint very much swollen, and pus could be pressed out of the joint cavity, but it could not be emptied through the small wound. Anæsthesia of the patient was produced with chloroform, and continued with ether. The joint was opened by free incision on each side above and below, the openings communicating freely with each other through the joint. A fountain syringe with a one to three thousand sublimate solution was used to thoroughly cleanse the cavity. A stronger sublimate solution was then used to asepticise, which was washed out with boiled water. An aseptic gauze drain was then drawn through the joint from the inner through the outer openings above and below the patella.

The knee was then dressed with layers of iodoform gauze, absorbent cotton, and bandages, and properly supported on pillows and sand bags, with rubber sheet beneath to protect the bedding. Arrangement was made to have the cavity irrigated twice a day with a mixed sublimate and carbolic acid antiseptic solution. Bromide of potassium and gelsemium were to be administered in full doses for the spasmodic tendency, and opium as often as necessary, and in doses sufficient to produce sleep and allay the pain. Plenty of nutritious food was directed to be given. The bowels were to be opened and kept free by the use of salines or other laxatives.

Learning after two days treatment that the joint had reached the limit of improvement, and that the spasmodic condition was again threatening, I directed that the knee be wrapped with a large flax-seed poultice, warm and medicated with opium, and extending well above and below the joint. This was to be changed often. The gauze drains were to be left out entirely, and the joint cleansed with a mild

carbolyzed solution by irrigation twice daily. The bowels were to be kept free, the opiate and bromide continued, and a general tonic administered, with nutritious food, and stimulants as they seemed necessary.

The improvement that now set in was marked and continued. Gradually the spasmodic tendency gave way, the suppuration became less, the drainage being free, and he ultimately recovered with a good use of the limb and the joint.

SPREADING TRAUMATIC GANGRENE.

When a contusion or a wound injures the blood-vessels of a part of the body, so that the circulation can not be carried on, death of the tissues of that part occurs, and this is known as localized traumatic gangrene. A line of demarkation is formed between the living part where the circulation is not interfered with, and the dead part where the circulation is interrupted, and the latter becomes separated and removed. When saprogenic bacteria (germs) are introduced into the tissues through such wound, either by the wounding instrument or in any other manner, their multiplication in the dead tissue is so rapid, and their ptomaines so intensely poisonous, that they rapidly destroy and dissolve the adjacent living tissues. They thus obtain entrance into both blood and lymphatic circulation, overpowering the vital resistance of the tissues, and leading to speedy death. No line of demarkation forms and amputation well beyond the area of extension of the poison is the rule of safety, if it be a limb, or excision according to the same rule, or possibly cauterization, if it be elsewhere.

The young daughter of Mr. C., a farmer of Butler, Ky., stepped on a dirty hoe, which cut deeply into the sole of her right foot and caused profuse hemorrhage. She was barefooted, and her feet were not clean. Dr. L. J. Poe, of Butler, was called, and bound up the wound, stopping the bleeding by compression and the local use of astringents. Hemorrhage recurring the next day, the wound was dressed in a similar manner. This, though successful for a while, did not prevent the return of the bleeding. In addition to that a gangrenous appearance was manifested about the foot, extending toward the ankle, and the child showed symptoms of tetanus.

I was called in consultation and found the lower part of the leg also emphysematous, showing that the limb could not be saved by sacrificing the foot only. The child was extremely nervous, with evidences of sapræmia. She was weak and anæmic from loss of blood.]

It was thought that amputation just below the knee might be sufficient, as it was apparently above the extending disease, and the patient was put under the influence of the anæsthetic. Assisted by Drs. Poe and Dr. E. R. Freeman, the amputation at the upper third of the leg was begun. The first incision revealed that the cellular tissue was filled with a thin, bloody fluid, with a gangrenous odor, and that it would not be safe to remove the limb at that point. We then ampu-

tated through the femoral condyles (Carden's method), dissecting up a sufficient anterior flap to above the patella, cutting through to the condyles above that bone. A transverse incision posteriorly through the skin and superficial fascia allowed those tissues to retract, the joint ligaments were cut, and then a straight cut through the muscles on a line with the skin cut severed the limb. Pressing back the soft tissues, the femur was sawn through the base of the condyles opposite the adductor tubercle, removing the articular surface, and the stump was then properly dressed, allowing drainage. With this operation a good stump is formed with the cicatrix behind the line of pressure. She made an uneventful recovery, and the doctor says she is now the smartest and happiest one-legged girl in that neighborhood.

ISCHIO-RECTAL ABSCESS.

Conrad L. was a patient of Dr. Eckermeyer, and was under treatment for abscess in the left ischio rectal region. It had been opened and discharged a quantity of pus. It had been poulticed well, and had not closed, but the man was suffering great pain, was confined to his room and bed. I was called in consultation, and on examination with the probe, I found a large abscess cavity extending deeply and to the median line in front and behind. The probe entered the rectum an inch within the anus.

Chloroform was administered, and a grooved silver director was passed through the abscess and opening into the bowel. The finger passed into the rectum, caught the end of the director, and bending it, brought it out of the anus. The bistoury was then passed along the groove, cutting through all the tissues and laying the fistula and abscess open. It was then thoroughly irrigated with a sublimate lotion and packed with gauze, and a poultice applied to the part.

The subsequent treatment was daily irrigation and packing loosely with gauze, and cleansing and re dressing after a stool. To the surface of the abscess cavity, every two or three days, an application was made of a caustic solution of nitrate of silver, applied with cotton attached to a probe, and followed with a poultice. Later, as the space contracted by healing, the mild zinc ointment was used until he was well.

FISTULA IN ANO (COMPLETE).

This case, Mrs. S., was a patient of Dr. C. Berry, of North Fairmount. It was somewhat peculiar in that the external opening was fully four inches from the anus, and the internal opening was an inch and a half within the anus. The patient was large, and very fleshy, and had been a sufferer for a long time. He was anesthetized and the fistula laid open through its entire extent. No branch canals were found. The thick tissue of the fistula wall was then dissected out by cutting across its center, and with forceps and scissors clipping it out to the external part, and then to the internal end. It was a deep wound, but it was healed by granulation from the bottom,

the sides being separated by gauze and ointment dressing, and kept in a healthy condition by touching up with nitrate of silver daily until cured.

COMPLETE ABDOMINAL HYSTERECTOMY.

By Prof. L. E. Russell, M. D., - - Cincinnati, O.

RECENTLY a married lady, thirty-nine years of age, was sent to the Woman's Hospital, on Seventh Street, in this city, for a hysterectomy, from the practice of Drs. Kampen & Smith, of Kirkwood, Ills. She had been suffering for a long time with the abdominal enlargement and pelvic reflex lesions, which had greatly emaciated her. On inspection, there was quite an enlargement in the left iliac region, with an anterior protrusion just beneath the umbilicus. The patient suffered greatly from constipation, on account of mechanical pressure of one of the protruding fibro sarcomas, which filled Douglas cul de sac, extending up to the promontory of the sacrum. There was also considerable vesical irritation, caused by the impinging of the tumor mass, lessening the field of extension of the bladder. After the patient had been in the hospital a few days, and subject to the rigid requirements preparatory for an operation, which I always deem of great importance to the successful issue in any surgical case, she was operated upon, with the assistance of Drs Spencer, Bloyer, Wintermute, Hunt and Scudder, in the operating room of the Woman's Hospital. An incision was made in the median line, extending from above, and to the left of the umbilicus, downward to within two inches of the pubes. On completing the intrusion into the abdominal cavity, the anterior fibro-sarcoma in the illustration bulged upward through the incision. This was perforated with the large double-pronged corkscrew, which I have had made by Max Wocher, of Cincinnati, to take the place of any and all kinds of tenacula forceps, including the Billroth's tonga. I find that by the use of this instrument there is absolutely no hemorrhage following its insertion into these tumor masses, and, with the long slender handle, the instrument is not in the way of the operator at any time, and never any danger of lessening its hold on the tumor mass; and the operator can lift a hundred pounds, applying and twisting in any direction he may desire, to force the tumor out of the abdominal cavity.

I have large intra-abdominal sponges made of sterilized gauze, that are from six to ten inches square, the edges hemmed, and between the gauze one thickness of absorbent cotton, and, at one of the corners of these pads, a piece of quarter-inch linen braid, about a foot in length, is securely fastened, and the braid allowed to hang out of the abdomen, so that there can be no danger of the loss of the sponge during or in completion of the operation. Immediately on pulling the tumor mass out of the abdomen, one of these large sterilized sponges, slightly moistened in sterilized water, is forced behind the tumor into the ab-

domen, completely covering the intestines from view and external influences.

I then use the Staffordshire needle, with a strong thong of silk to ligate the ovarian artery on either side, and as closely to either right and left parietal wall as possible. A second ligature is passed closely to the side of these ligatures, and by a sawing motion, tears upward

towards the cornea of the womb, and is securely fastened, so as to control any hemorrhage from the womb by the way of the uterine arteries. The dissection is then made downward on either side of the broad ligament with blunt pointed shears, including enough of the uterine tissue to avoid severance of the lateral arteries and also to hold in contact the edges of the severed broad ligaments, which are secured

by hæmostats, down so far as the reflexion of the bladder and peritoneum upon the tumor, at which place the dissection of the bladder from the tumor and womb is carefully made, pushing the vesicle downward as the pair of shears are used, dissecting all the time in the cellular uterine structure to avoid any possibility of injuring the viscus or the ureters. This dissection is continued downward until it girdles the cervico-vaginal tissue, allowing the double tenacula hook to be fastened into the tissues of the external os uteri. The tenacula hook is now pulled upon upward, and the curved shears girdle laterally either way in the cellular uterine tissue until the posterior uterine cervix projects upward into the pelvis, when the sweeping incision of the shears, cutting backwards, completely enucleates the womb from its peritoneal covering. By this manner of dissection the uterine arteries are unsevered; therefore little or no hemorrhage.

On the removal of the womb and tumors the severed edges of the broad ligaments are firmly stitched together with chromatized cat-gut suture, completely turning in all raw edges, leaving little or no traumatic surface in the pelvic cavity. The uterine cervical tissue will collapse, and, by adhesive inflammatory conditions, completely unite, forming a pelvic floor that is one inch to an inch and a half in thickness, leaving little or no cicatricial tissue and no impinging of nerve to cause reflex lesions.

In this case, with the accompanying illustration, there was not to exceed two ounces of blood lost during the whole operation, and the patient was very little shocked. I use small sterilized gauze sponges, fastened in a long forcep, to wipe out all the blood that may be found in the pelvis. The large abdominal pad is now removed, and replaced by a smaller one in the line of the incision, for the purpose of absorbing any hemorrhage that may come from the prick of the needle in closing the peritoneum, which is fastened by an over-and-over chromatized cat gut suture in such a manner as to force the cut edges of the peritoneum extra-peritoneal. By this manner of dealing with the peritoneum, I coaptated the peritoneal surface, so that in the line of the median incision there is absolutely no traumatic surface within the abdomen. On completing the closure of the abdominal incision I stitched the sheath of the recti muscles together, and then the adiposed tissue backward and forward, until all of the cavity is coaptated nicely, replacing the tissues as I found them as nearly as possible. The cutaneous incision is closed with silkworm gut, introduced subcutaneously in the middle of the skin incision. Pulverized iodoform crystals are freely dusted along the line of incision, covering it a sixteenth of an inch deep. Over these the iodoform gauze, cotton and the bandage is applied. Practically I have abandoned the use of a single drop of water, during or in the completion of intra-abdominal work, and, as a consequence, the records of the Betts Street Hospital, and other hospitals where I have done considerable work, show a temperature of not over a degree or two from normal. I believe, in two

laparotomy cases at the Betts Street Hospital, after the manner above described, the patients never showed half a degree of temperature from the normal line from the time of the operation to their complete convalescence and dismissal from the hospital.

It has been my custom, following these laparotomies, to allow the patient nothing but an occasional sip of hot water once in two or three hours for the first twenty four hours. If they should become nauseated, I instruct the nurse to give one-tenth grain of calomel rubbed up well with a grain of sugar of milk, and administer in the form of a dry powder on the tongue. These are given about one or two hours apart for the next twelve or twenty-four hours, followed by broken doses after the first forty eight hours of sulphate of magnesia, giving from a fourth to half a drachm in a little hot water every three hours until free drainage of the alimentary canal has been secured. The patient is then allowed cold water and more substantial food than the beef broth, juices of fruit, etc.

VAGINAL HYSTERECTOMY.

Recently, at the Deaconess' Hospital, in Dayton, O., I performed a vaginal hysterectomy on a Mrs. T., of Springfield, O., a married lady, mother of one child sixteen years of age. At the time of this confinement there was a bi-lateral laceration of the uterine cervix, which had never received any surgical attention. The patient had had a history of uterine hemorrhage for the last eighteen months, and, as she had passed the fortieth year, supposed it was due to the menopause; but, in the last six months, the hemorrhages had become so excessive that it had made her an invalid. She was kindly referred to me by Dr. Hauss, a leading Homœopathic physician of Springfield, and we decided to place her in one of the best hospitals in the State.

March 6th we performed a vaginal hysterectomy by a method which, to me, after an experience of nearly two hundred vaginal hysterectomies, seems to be perfect. I girdled the uterine cervix, deflecting and pushing upward the bladder, and retaining it with the anterior retractor, after which I made an opening into Douglas cul de-sac, and in a semi-circle laterally in which either broad ligament avoids the uterine artery. The guy rope on the uterine cervix was then relaxed, and the cervix pushed upward against the anterior retractor and held there by my assistant, while, with double-tooth tenacula with the sharp prongs resting against the posterior wall of the uterus, I pushed upward to the fundus, and then pulling downward, engaged the teeth of the tenacula in the fundus of the womb down, backward, out through Douglas cul de-sac into my left hand. The assistant then released his position at the uterine cervix, and, with the double-pronged corkscrew, twisted this instrument into the fundus and pulled laterally as either the tube and broad ligament was being dissected. This tube and broad ligament were held firmly with hemostats in either angle of the wound in the posterior incision into the

broad ligament. The further dissection of the womb was pushed to completion and the uterus removed without the loss of a teaspoonful of arterial blood.

The completion of the operation, and the part which I wish to specially emphasize at this time in regard to the perfection of this mode of operating, consists in the manner of fastening the superior portion of the broad ligament, robbed of its tube and ovary, in the lower outer angles of the vaginal wound in the broad ligament. A curved needle with chromacized catgut was forced through the anterior incision and pierced the broad ligament, and out through the posterior incision after the manner of an over-and-over suture, closing up the wound from which the uterus had been dissected, making a complete pelvic floor and a completion of the operation without leaving the traumatic surface within the pelvis.

What I shall claim as praiseworthy by this method of operating is: 1st. The broad ligament fastened in the wound, as above suggested, acts as a support to the vaginal cul-de-sac. 2d. It removes traumatic tissue from within the pelvis and places it within the traumatic surface, with which it readily unites. 3d. It closes up the utero-abdominal opening, thus eliminating the possibilities of peritoneal infection.

The patient's temperature, notwithstanding the anæmic condition following the excessive hemorrhages, which she had been subject to for many months, never touched the one hundred mark, and the speedy convalescence speaks volumes for this method of operating. The womb was the size of a person's double fist and contained five interstitial fibroids, one of which had a suppurating surface which allowed of the free hemorrhage through the endometrium. One ovary, though a cystic degeneration, had a cyst formed about the size of a goose egg; the other ovary, greatly atrophied, gave evidence of inactivity, perhaps of several months standing.

It is well for the practitioner having cases similar to this one about the time of the menopause, or after a time which might reasonably expect a cessation, to take into consideration the possibilities of fibroids as a cause for this excessive hemorrhage.

The outcome of this case has been verified by more than a score of similar cases on whom I have operated, the patient's ages varying from forty to seventy years.

APHASIA.

By C. W. Conley, M. D., Chicago, Ill.

THE subject of aphasia is one of very great interest, and of late years has been one of diligent research, both by eminent physiologists and pathologists. While not a disease of itself, but only a symptom, at the same time it is a symptom which accompanies many morbid conditions of the nervous system.

By the term *aphasia* we mean a condition produced by an affection of the brain, by which the idea of language or its expression is impaired. We mean a cerebral lesion, by which the patient is unable to utter a proposition, though his distinct pronunciation of one or two words shows that his speechless condition is not due to the mere mechanical act of articulation. The patient's gestures and intelligent manner may plainly show that he understands what is said, and is capable of thinking, although unable to select the exact words which he needs, and to arrange them in a sentence in an intelligent manner. The term is therefore limited to the impairment of the idea of language, or to its expression; it does not include cases in those patients who are able to speak but will not. The idea of language is as perfect as ever, and is no doubt entertained; the person does not fail to speak because he does not will to do so, but because of a failure of expression.

Aphasia does not include those cases of inability to speak because of paralysis of the tongue, or of a defect of any of the organs of articulation. We have loss of speech in hemiplegia, or in laryngeal paralysis, but in such cases the idea of language remains, but the patient does not speak because he is unable to control the organs of articulation. We must also make a distinction between the conditions of aphonia and aphasia. The aphonic patient's idea is undisturbed, and articulation is not interfered with except in an audible tone. He can whisper, but, owing to some impairment of the organs of speech, is unable to articulate in an audible tone.

The derangement of the faculty of speech, independently of the loss of voice, paralysis, or the will, is by no means of modern notice. Isaiah says: "For with stammering lips and another tongue will he speak to the people;" and again: "Thou shalt not see a fierce people of a deeper speech than thou canst perceive; of a stammering tongue that thou canst not understand."

Physiologists and phrenologists differ somewhat in regard to the exact location of the faculty of language. Gall, the noted German phrenologist, concludes "that the center of language is in those convolutions of the brain which rest upon the supra-orbital plate, and that a large development of the organ was indicated by the prominence of the eye-ball."

In reality there are two organs: one in which the words are originated, the other expresses them. The former organ contains the faculty of learning and recollecting words, the power of reciting after once or twice reading; the latter is most fully developed in those persons who have not only an excellent memory for words, but also a particular faculty for the study of language, for criticism, and in general terms for all that has reference to literature.

By a thorough study of cerebral localization we conclude that we include in the term aphasia a loss of utterance, and that the perception center is located in the first temporal convolution; and the corti-

cal center for vocal utterance occupies the base of the third frontal convolution. Perception takes place first, and then the power of voluntary impulse is excited afterward.

It is also an interesting fact, that aphasic symptoms are usually dependent upon lesions involving the left hemisphere. This is apparently due to the greater development of that hemisphere in consequence of its more perfect supply of blood during development. In reality this condition in left-handed persons is in the right hemisphere, and in right-handed persons in the left hemisphere.

Aphasia consists, as at present understood, of several varieties, and with propriety may be divided into motor or amnesic aphasia, and sensory aphasia; sensory may be again divided into word-deafness and word-blindness. Motor aphasia consists of loss of the memory of how to make the muscular movements of vocal organs necessary for the articulation of words. In this condition there is no loss of power of comprehending words, either written or printed, or of understanding words that are heard. The individual has simply forgotten how to place his tongue and lips in the proper position for producing articulate speech, but can readily express his ideas by signs or by writing; *i. e.*, if the lesion is not cortical by which the muscles of the arm are paralyzed.

Word-deafness consists of loss of memory of sounds of words. A person thus affected does not recognize his own voice. He may hear, but he does not comprehend the meaning of sounds.

Word-blindness is loss of memory of the appearance of words: the patient is unable to read, and for the same reason writing is an impossibility. The condition sometimes happens that, though the memory of the appearance of the printed or written word is lost, the patient can read aloud or can copy, but does not understand what he has read or written. This is similar to a person who, without understanding a language, can be able to read aloud, and at the same time not be able to comprehend a single word.

The lesion producing locomotor aphasia is situated in the posterior part of the inferior convolution, or Broca's convolution, and probably is continuous with the anterior central convolution, where the centres for the control of the lips and tongue have been located. While the lesion producing word-deafness involves the first temporal convolution, word-blindness involves a lesion of the supra-marginal convolution. By this arrangement it is seen that the seat of the lesions producing the different forms of aphasia are, in the majority of cases, within the territory that receives its vascular supply from the Sylvian artery.

Aphasia is usually the result of an injury, either direct or indirect, such as is observed after fractures of the skull with depression of the tables of bone producing compression and paralysis. Similar consequences may be developed by tumors and by the products of inflammation when they compress the centers of voluntary utterance. It occasionally happens that transient aphasia may be witnessed as a

consequence of modification of the circulation in hysteria, or after an epileptic seizure, or by reason of irritation that has its origin in the alimentary canal. Many singular cases are on record illustrating the different phases of aphasia as a result of an injury; likewise many cases of injury of the brain are recorded without any or at most only a slight degree of aphasia.

Crichton reports the following as the result of injury: "The patient, an attorney aged about 70, was suddenly seized with great prostration, giddiness, forgetfulness, insensibility to all concerns of life, and every symptom of approaching fatality. There seemed to be a singular defect in memory, or rather to be considered as a defect of that principle by which ideas and their proper expressions are associated than of memory. The patient, although he had a distinct idea of what he meant to say, could not produce the words which would express his thoughts. Instead of asking for bread, he would probably ask for his boots; but as these were brought he knew they did not correspond with the idea he had of the thing that he wished for, he was therefore very angry. He was always evidently confident that he had pronounced the right word."

The following case came under my observation, in which there was no injury, and a case in which a post-mortem examination failed to reveal the cause of the condition: On November 20, 1896, I was requested to examine Mr. W., age 72 years, a farmer by occupation, family history good, well nourished and cheerful, had always enjoyed good health, and to all appearances seemed at that time to be on the same plane. After a hasty but careful examination of all the organs of the body, and being asked for a diagnosis, I replied that I could detect no pathological lesion, but would make an examination of the urine, which might possibly throw some light on the case. This was done, but the result was negative. The patient insisted that there was nothing wrong with him that amounted to anything, and made light of his being sick, stating that he had not taken any medicine for sixty years. The family had noticed that for some time he had had some difficulty in speech—not exactly a stammer or stutter, but he seemed to be unable to say the precise word he desired; while at the same time he knew exactly what he wanted to say. He was always conscious that he had pronounced the wrong word, for when the proper expression was spoken by another person he would immediately adopt the appropriate term. If, in speaking of a horse, he would use some word entirely different from what he meant, and was constantly using the wrong word, at the same time he was conscious that he had made a mistake, and would invariably, when corrected, adopt the correct expression. In speaking of money, or upon placing the value on anything, made the same mistake, but was always conscious of it, and when properly spoken by another person, recognized it immediately. He was able to write, and would sometimes express himself in this way. He never became angry because of this condition,

but would sometimes, when unable to make his wants known, turn his head and seem disgusted.

The patient stated also that for some time he had noticed that his left eye was failing. The dimness of vision and the loss of speech gradually progressed; hemiplegia of the right side followed; the lower extremity was very cedematous and painful; the upper painful and atrophied and flexed tightly against the chest; complete loss of vision of the left eye. He made a partial recovery of the paralysis, but had frequent relapses, and would never regain his former condition. Speech gradually grew more defective, loss of vision more apparent, right eye also becoming affected; paralysis of both lower extremities and of the right upper, finally entire paralysis; bladder and bowels became involved, continual dribbling of urine, bowels obstinately constipated; the breath became excessively fetid, with extensive ulcerations of the mouth; tongue became stiff; on awaking one morning, he was discovered to be totally blind. The patient at this time was truly pitiable. He lingered in this condition for a number of months, and died in December, 1897.

Post-mortem examination revealed the following condition: The skin and superficial fascia very adherent to the cranium, the tables of the skull very thick; the dura mater was much thicker than normal and very adherent; the arachnoid and pia mater seemed normal; an excessive amount of cerebro-spinal fluid was found. The left hemisphere of the brain was of a pulpy consistence, almost a mass of broken down tissue, entirely unable to bear its own weight; the convolutions were indistinct; the gray and white substance could not be distinguished; the anterior portion was almost of the consistence of pus; no tumor formation; the blood-vessels seemed entirely obliterated; cerebellum normal, also the medulla oblongata. There was no lesion perceptible in the right hemisphere.

This case was one of those in which, even after a post mortem, we are unable to arrive at a conclusion as to the cause of the lesion. It had been diagnosed as tumor, as arterio-sclerosis, etc., but none of the diagnoses were confirmed by the post mortem.

The treatment in the case, when he would take treatment, was only palliative. No drug administered internally seemed to be of any value.

POTASSIUM PERMANGANATE IN MORPHINE POISONING.

By J. W. Kannel, M. D. Rockford, Ohio.

HAVING lately read something in the journals of the antidotal power of potassium permanganate in morphine poisoning, and since there has been a fatal case in our vicinity, treated by two members of the profession who no doubt were not aware of the permanganate's great power, Dr. W. E. Hughes and myself concluded to conduct a number of experiments on dogs, to satisfy our own minds of its potency in such cases. Thinking perhaps the results we obtained

might be interesting and beneficial to the rest of the profession, I will report two experiments for publication.

The first experiment was with a puppy two months old, to which we gave hypodermically two grains of morphine sulphate. The usual symptoms of morphine poisoning followed, viz., vomiting and difficult deglutition, with rapid panting respiration, followed by deep sleep, stertorous breathing, muscular relaxation, and total unconsciousness. In 45 minutes we gave hypodermatically a solution of potassium permanganate, grs. iss. ; then threw the pup out behind a wood-pile, and gave up the case as hopeless. In one hour and a half the pup had his sleep out, and got up and walked off with no other sign of the torture and jeopardy in which he had been placed than three large lumps the size of a man's fist, from the inflammation and effused serum at the hypodermic punctures. These, however, did not develop abscesses, but were absorbed by the "*vis medicatrix naturæ*," without any soothing applications.

The second experiment was with a dog two years old, to which we gave hypodermatically two grains of morphia sulphate, followed immediately by a solution of potassium permanganate, grs. iss. He became somewhat drowsy for a few minutes, but did not develop any symptoms of poisoning ; would get up and wag his tail and recognize his master whenever spoken to, and he never lost consciousness, and was wide awake in an hour. The only detrimental effects were a stiffness and partial paralysis lasting twelve hours, after which he was all right.

If this report shall be the means of helping some one of the profession to save the life of some unfortunate victim, we shall feel amply repaid for our time and labor.

RHEUMATISM TREATED BY RHAMNUS C.

By A. M. Stein, M. D., Palatka, Fla.

THERE is no disease that the physician has to treat which taxes his knowledge and patience so much as the treatment of rheumatism. In no disease has the reports and methods of treatment been so many and so conflicting as in this trouble. The general practitioner is at a loss to know which method or drug is of the faintest service. I hope that a brief record of the results obtained in eight cases of rheumatism treated by Rhamnus C. may be of value. The preparations used were the specific medicine prepared by Lloyd Bros. and a decoction made from the bark (the bark being obtained from Prof. Webster, of California). I do not wish to be placed on record as claiming that rhamnus will cure all cases of rheumatism. But my experience in the use of the drug has been very satisfactory.

CASE 1.—Geo. B., colored, aged 14 years, always has been a sickly child. Family history good. In 1895 he was taken down with rheumatism of an inflammatory type, affecting his knees and elbows. I

was called to attend him, and I used all the usual remedies that are given in rheumatism with but little effect. However, he recovered, and was around until the next year, when he was again taken down with a very severe attack. This time he had to be given morphine to relieve the pain and was crying night and day.

About this time I thought I would bring my knowledge of specific medicine to my assistance. I was able to soon relieve the most distressing symptoms, and have him rest some. Here the case hung for four weeks. I then one night happened to think of having read Prof. Webster's article on the use of rhamnus bark in rheumatism. I wrote him in regard to the bark, requesting him to send me some, which he very kindly did. While waiting to hear from Prof. Webster I wrote Lloyd Brothers for Specific Rhamnus C., which I promptly received, and placed the boy on 15-drop doses every two hours until the bowels moved freely, then four times a day. In one week he was able to walk all around the yard, and has entirely recovered, and at present shows no symptoms of the disease.

CASE 2.—J. Hawkins, colored, aged 52, carpenter, family history poor, was taken down with an attack of rheumatism, and was confined to his room for six weeks under the care of another doctor. He became so badly depressed that the family became alarmed about his condition, and I was called in to treat the case. I prescribed specific cactus grand., specific gelsemium; also specific rhamnus, 20 drops in water every two hours until bowels move freely, then four times a day. In three weeks he was back at work, and gladly paid his bill.

CASE 3.—J. P., aged 19, white; family history shows rheumatism in family. In November he contracted gonorrhea, which terminated in gonorrheal rheumatism. He was treated by two physicians for six weeks, and at the end of that time he could not move hand or foot.

I was called in to take charge of the case by his father. I prescribed: R—Sp. cactus grand. f ʒss; sp. aconite, gtt. xx; water, f ʒiij. M. Sig. Teaspoonful every three hours. R—Sp. rhamnus, f ʒj. Sig. Twenty drops in water every two hours. In four weeks he rode horse-back to town, and called on me in my office.

CASE 4.—L. M., colored female, aged 36 years, was taken on Dec. 5th, 1897, with rheumatism. She suffered greatly with her back, constantly crying out with the pain. I was compelled to give her one-half grain morphine to ease the pain. Next morning I placed her on specific rhamnus, and in two weeks she was around all right.

CASE 5.—Mr. B., white, aged 55 years, boiler maker, was taken with rheumatism of the shoulders and arms. I saw him three days after the attack, and placed him on the rhamnus. In this case I used the decoction of the bark, and in four days he was back at the railroad shops attending to his work, and has had no return of the trouble.

CASE 6.—C. A. F., white, aged 36 years, merchant, family history poor, was taken with rheumatism, affecting his knees, ankles, and fingers. He was unable to walk. In the middle of the month of De-

ember, 1897, he was able to be brought to town for treatment. He stood the ride of 185 miles on the cars fairly well, and I began treating his case that night. I made a decoction of the bark, and gave it in the usual dose. In one week he was much better, and left for his home.

CASE 7.—Mrs. C. F., white, aged 32, married, mother of three children, in August, 1897, had a miscarriage. On her recovery she remained in poor health for a time, and on the 20th of December she was taken down in bed with a severe attack of rheumatism. I put her on the specific rhamnus. It three weeks she was up and around. As she did not regain her health as quickly as she should, I placed her on: R—Calisaya, ferri, and strychnine, f ʒij; neutralizing cordial, f ʒj; sp. nux vomica, gtt. xx. M. Teaspoonful before meals. She is now in very good health.

CASE 8.—J. C., colored, aged 30 years, family history good, was taken on the 15th of January, 1898, with rheumatism; very restless and quite severe fever; pulse bounding, temperature $102\frac{1}{2}^{\circ}$, face flushed, eyes bright. I gave him: R—Sp. gelsemium, f ʒj; sp. veratrum viride, gtt. xx; sp. passiflora, ʒiij; water, q. s. f ʒiv. M. Teaspoonful every hour until fever is broken and he is quieted. The next morning his pulse was 80, temperature 100° . I now placed him on specific rhamnus, giving twenty drops every two hours until it acted on the bowels. In one week he was attending to his duties in the grove. On seeing me one day he said, Doctor, that is great medicine you gave me; and he thinks a great deal of his drops.

I hope that I have not tired the reader's patience by reporting so many cases, but my desire is to call attention to this drug in the treatment of a disease which often puts the physician to his wits ends to be able to combat it. One word for specific medicine. Since I have been studying specific medication I have learned a great amount that I never knew before.

NITRATE OF SILVER.

By Jerome D. Dodge, M. D., Cuyahoga Falls, O.

WHILE admitting that the ancient method of cauterizing the laryngeal and pharyngeal mucous membrane with stick silver or lunar caustic was cruel and barbarous, and worthy the strongest condemnation, still nitrate of silver in mild solution is an excellent remedy for diseased conditions of the throat and elsewhere.

In treating two cases of diphtheria in a family where my remedies had been unsuccessful in two previous cases of the same disease, I concluded to apply a nitrate of silver solution to the diphtheritic membrane. The application was made at the first appearance of the pseudo-membrane, and completely removed it, but there was a more formidable re-appearance in a short time. I then increased the strength of the solution from one grain to five grains in an ounce of water,

which was applied thrice daily. There was no further return of the membrane, and both cases made a speedy recovery.

In severe cases of tonsillitis, a one or two per cent. solution, applied to the inflamed area once daily for two or three days has usually, in my experience, been sufficient to abort the disease.

In a case of "minister's sore throat," with largely dilated veins in the posterior pharyngeal wall, local applications of the silver solution were made to the parts, and collinsonia administered internally. These measures practically accomplished a cure, including a disappearance of the dilated veins. The patient praised the action of collinsonia, which, he said, imparted a feeling of warmth and comfort to his throat, but was inclined to attribute more credit to the silver solution.

I have uniformly found a one to two per cent. solution of silver nitrate very beneficial in ulceration of the mouth, rectum, and mucous membranes generally. It is a valuable remedy in the ulcerations and hemorrhages of typhoid fever. In a recent case of gastro-enteric ulceration, a solution of one grain to four ounces of water was administered, a teaspoonful every morning on an empty stomach, and continued for two weeks with gratifying results.

A four to six per cent. solution of nitrate of silver has, in my practice, excelled all other local applications in orchitis. The remedy is recommended by the late Prof. John King and others for the treatment of chancre, chancroid, balanitis, urethral stricture, gonorrhoea, syphilitic ulceration of the throat, uterine ulceration, granulations or excoriations. The same authority also speaks of the beneficial action of the silver solution in chronic laryngitis, pharyngitis, pertussis, asthma, ulceration of the cornea, and some forms of ophthalmia.

In ophthalmia neonatorum it is customary to use from one fourth to two per cent. solution, antidoting immediately with sodium chloride solution. In purulent or gonorrhoeal ophthalmia a two, four, six or eight per cent. solution may be used, afterwards quickly applying the salt solution. Both the silver solution and the antidote should be applied with a small, soft camel's hair brush, using a different brush for each.

The silver solution is an excellent local application in nasal hypertrophies and in catarrhal conditions of the Schniederian mucous membrane. It is said to be specific in intertrigo or eczematous chafing.

When the drug is taken internally in sufficient quantities and for a considerable time, it will be deposited in the tissues and produce a peculiar bluish-black discoloration of the epidermis.

Argenti nitras (AgNO_3) is the chemical product of a combination of metallic silver with nitric acid. In large doses the drug is a corrosive poison, destroying the parts with which it comes in contact. The antidotes are the soluble chlorides, sal ammoniac, common salt, emetics, mucilaginous fluids, and as a last resort, the stomach pump or lavage tube.

HYSTERIA.

By L. S. Downs, M. D., Galveston, Tex.

FOR the last few years my observation has thoroughly convinced me that hysteria was not what is generally believed—a nervous affection, involving the reproductive organs and functions. It is my opinion that the stomach is the source of the greater number of hysterical attacks. All observing medical men know the sympathetic relation that exists between the stomach and pelvic organs, but independent of this relation, my experience has convinced me that engorgement of the stomach alone is by far the most prevalent cause of this strange malady.

I will relate but a few of the many experiences I have had with this trouble to show that my opinion is not based upon mere speculation. Some three years ago the first impression of the kind was very forcibly made upon my mind. I was called hurriedly to see a young married lady who they said was dying. I found her with pulse normal, breathing stertorous, apparently unconscious, and thoroughly exhausted from previous exertion and contortions. I immediately gave her one-fifth grain apomorphia hypodermically. In thirty seconds she threw up at least two pints of undigested and fermented food. In a minute she was thoroughly conscious and so completely cured of the hysteria that she never thought of it again.

Miss B., 18 years old, phethoric, of extreme bilious temperament, has been under my care for two years. Previous to my taking charge of the case, she was periodically seized with what the doctors called heart disease. At my first call I found her with the usual hysterical manifestations, and one tenth grain apomorphia brought a great quantity of undigested food from the stomach, and immediate consciousness. I relieved her of a bad atonic dyspepsia in a few months, and she has had no hysteria since.

Some six months since I was treating a young man for continued fever. He was convalescing nicely when his mother gave him a gorge of fruit and cake. He began to feel uncomfortable at once, and in two hours was having the worst kind of hysterical manifestations. I was called hurriedly. I grasped the situation at once; asked what he had eaten; gave one-fifth grain of apomorphia, and in one minute he was restored to his friends, and in the mean time was delivered per orum of cake, fruit, and curd milk, galore.

Some may advance the theory that if this be a gastric disturbance, why are men not just as susceptible to the disease as women?

The necessary pathological condition evidently is a peculiar æsthetic or delicate nervous system, characteristic of the female, with a gastric irritation as the chief cause, as it is of most all derangements of the sympathetic. The Eclectic fathers gave emetics for this malady, not to relieve the stomach, but to relax the spasm. Apomorphia is the quickest and most efficient remedy for all forms of hysterical seizure.

The after treatment must be specific, but don't fail to look after the stomach, and tone up the nervous system.

MALARIAL NEURALGIA.

By W. J. James, M. D., Leesburg, O.

WE have been contending with many cases of periodic neuralgia in this community the past winter and spring. A few evenings since I was called to the country to see a lad who was suffering severely. I carefully examined my patient, and found pulse and temperature normal, tongue clean, and all the excretories in fair condition. His left eye was very much suffused, and he was suffering with an intense pain over the eye, being located in the supra-orbital branch of the ophthalmic nerve. It was not constant, but made its appearance about 10 A. M., increasing in severity until about 4 or 5 in the evening, when it would be agonizing. He had been treated a few days by another physician, but had grown worse.

I prescribed sulph. quinine capsules with directions, and as I had always relieved these cases with this prescription, I told him he would be well in a few days. In two days I was called again, and found my patient worse. Now the pain continued the entire 24 hours, but was severest in the evening, continuing its periodicity.

I treated him two weeks without giving him any relief. The following remedies were given a fair trial: aconite, bryonia, belladonna, rhus, morphine sul., chloral, strychnia sul., arsenic, arsenite quinine, ferrocyanide of iron, bromide of ammonium and potash, hyoscyamus, and hot and cold applications.

I must admit I was about to the end of my string, and was utterly disgusted with the treatment, and I am sure the boy was with his neuralgia. I was called about 6 P. M., and found him screaming with pain, and tumbling from one side of the bed to the other. I called for some water and gave him a ten drop dose of Luyties' mother tincture of melilotus alba. In twenty minutes he was perfectly quiet and asleep, and slept soundly till morning, awakening free from pain. I continued the medicine in doses of two drops every two hours. The pain returned slightly in the evening, but disappeared, not to return.

I have treated this spring five other cases with the melilotus, with the same result. They all have been an affection of the supra-orbital nerve, with one exception. In one case the pain was in the left pectoral region over the heart, extending down the brachial nerve to the elbow, and radiating over the entire chest. I gave him five-drop doses every three hours of specific cactus, but it failed. I then gave him two-drop doses of the melilotus, and he improved immediately.

I have had no failure with the drug in these cases this winter and spring. I had used it before without success, but I believe it is a remedy that will well repay careful study. These cases all had one characteristic symptom—periodicity.

CASES IN PRACTICE.

By C. A. Stout, M. D., New Vienna, O.

MR. R., age 25, furniture dealer. While uncrating furniture a sliver of the hammer penetrated the thumb at the second articulation. No attention was given to the slight wound, which appeared to heal nicely in a short time, but remained somewhat painful.

Ten days later I removed a small piece of steel from the wound. When the parts were dressed the next day they were found angry and swollen, with scarlet-red lines running up to the shoulder. Upon this occasion the patient became faint and sick, and was compelled to lie down for a while before being able to leave the office. He could not extend the forearm; there was rigidity in the jaws and muscles of the neck, and spasmodic contraction of the muscles of the legs. The diagnosis was tetanus, and I now realized that the life of the patient was in danger, and that something must be done, and that quickly.

Treatment.—Echinacea, specific tincture, full strength, was kept constantly applied to the wound, while sp. echinacea, belladonna, and aconite were administered internally. In four hours there was marked improvement; the muscular rigidity disappeared, the spasmodic contractions subsided, and in a few days the patient was able to attend to his business as usual.

CASE 2—Peritonitis.—Mrs. S., age 22, married, unipara, again pregnant, four months advanced, fell while descending steps, and aborted in about six hours, with pains and excessive hemorrhage. A physician was summoned who controlled the hemorrhage with ergotine. He did not see the patient again for eight days, when he was called and found the abdomen swollen and very tender, with fever and much general distress. He expressed himself as somewhat puzzled over the case, and took his dismissal.

I was then consulted, and upon examination found the temperature 104°, pulse 120, with intense pain through the back, hips and abdomen; there was an offensive vaginal discharge. The diagnosis was peritonitis. Treatment: Specific aconite, gtt. x; sp. macrotys, gtt. xx; sp. dioscorea, gtt. xxx; water, ℥iv. M. Sig. Teaspoonful every hour. Also directed potassium chloride, five grains three times a day. I called upon the patient in four hours after commencing this treatment and found her much improved, resting better and in less pain. The remedies were continued for a few days, when the patient made a good recovery, and was dismissed.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

OPAQUE NERVE FIBERS.

Sometimes a puzzling case for a beginner in the use of the ophthalmoscope, and always a beautiful fundus case for any one, is an eye presenting opaque nerve fibers.

In health the optic nerve, in entering the eye, does not come in as an entirety, say the size of a pencil, but breaks up into small bundles, and each of these enters through a separate opening in the sclerotic, causing the sclerotic, in this space, to present a sieve-like appearance, called the lamina cribrosa.

Each of these small bundles is covered with its nerve sheath, or neurilemma, which is dropped at its entrance into the ball, just at the lamina cribrosa, and the nerve continues onward minus the sheath, or, in other words, as a transparent axis-cylinder.

OPAQUE OPTIC-NERVE FIBERS.

In the case under consideration these bundles of nerves do *not* drop their sheaths, but these opaque coverings continue, so that when these same nerves spread out to form the retina, they carry the neurilemma with them, giving the shiny, bright-gray patches characteristic of this condition. These gray patches seldom extend more than the diameter of the nerve head, and generally upward or downward. It is rather a physiological anomaly than a pathological condition, the only sign being to increase the size of the normal blind spot. The illustration shown is quite typical.

GLIOMA.

A recent case of this rare disease causes me to again mention its characteristics.

Glioma is in reality a nerve tumor, a cellular enlargement. We find it in the brain, spinal cord, and inside the eye-ball. Glioma of the retina is either congenital or is quite noticeable at two or three years of age. They are generally classed as malignant. This malignancy is more noticeable if the growth is allowed to increase until it has extended back to the brain, or forward until it bursts through the eye-ball.

The case I mention was one of a boy three years old; was blind in right eye; eye-ball hard and tense; bright gray growth behind the pupil, pressing the lens and iris against the cornea. Pain and distress much marked, and affecting the appetite and general health. The mother thinks "there has been some trouble for two years, and that the eye did not seem quite right when the child was born."

The ball bursted during enucleation, forcing out considerable yellow liquid. Upon dissection later, the ball was found to be full of a soft gray tumor, in the stage of softening or degeneration.

Return of the growth sometimes takes place, but is uncommon.

STRABISMUS.

Of all patients who are badly advised, probably the most frequent are those having "cross-eye." The condition of turning in one eye all the time, or of sometimes turning in one and sometimes the other, whether these symptoms are constant or only at times, generally first shows itself in children from six to ten years of age.

The most common and very bad advice is to "outgrow it," in which case the crossing eye being diseased, becomes in time blind from disease—amblyopic. It is much harder to straighten a blind eye than to straighten one that can see, and wants to maintain parallel vision if the muscles would only let it.

Almost all cases of strabismus have an error of refraction, which must be corrected under atropine, and the glasses worn for some six months. If strabismus still remains, the operation should be immediately done—the sooner the better. The average operation is successful, although a cure can not be guaranteed, as once in a while a seemingly favorable case is unimproved.

AURAL AFFECTIONS.

Lewis S. Somers (*Univ. Med. Magazine*), from a study of 600 cases of middle-ear diseases, formulates the following conclusions:

1. Sclerosis of the middle ear is usually the result of previous nasal or pharyngeal disease.
2. Otitis media suppurativa is a common and frequent result of acute or chronic naso-pharyngeal disease.

3. Fully 75 per cent. of all forms of middle-ear disease will show, on examination, or give a history of naso-pharyngeal disease.

4. Sixty-four per cent. of tympanic affections are co-incident with pathological changes, either in the nares or pharynx, or both.

5. Sclerotic or atrophic changes of the naso-pharynx are of little consequence in the production of deafness, as compared with chronic hypertrophy or any morbid change producing congestion of the nose or throat.

6. Of nasal affections, hypertrophy of the turbinals is the most potent factor in the production of aural disease. Deviated septum and exostoses influence the tympanic cavity by producing changes in the atmospheric pressure.

7. Aural affections are more frequent in hypertrophies of the post nasal space or naso-pharynx than in either pure nasal or pharyngeal disease.

8. The effects of passing disease of the nares or pharynx in the production of middle-ear disease are of much importance.

9. General diseases, such as measles, with local naso-pharyngeal manifestations, exert a marked causative influence in the production of middle-ear disease.

10. To a great extent the successful issue of aural disease depends upon appropriate naso-pharyngeal treatment.

A Foreign Body in the Ear.

Professor Burnett, in the *Phila. Polyclinic*, gives the following rules to be observed in cases of foreign bodies in the ear:

1. Always examine an ear said to contain a foreign body, and find out whether such is the case before endeavoring to remove it.

2. Whatever a child puts into its ear, or allows to be placed there, is placed there easily and painlessly, and can be as easily and painlessly removed by any physician who can properly syringe the ear.

3. A foreign substance was never known to be impacted in a child's ear by the child. Neither has a foreign body ever been impacted in the ear by syringing.

4. When impaction has occurred, or any injury to the ear, after insertion of an inanimate substance by the child into its ear, such injuries have been the result of instrumental endeavors at extraction by means of probes, hooks, forceps, etc. The latter are never needed by any one at first, as the syringe will suffice in all cases where no violence has been exerted upon the ear. Instruments of any other kind should never be employed at any time by any hand but the most skillful.

5. If animate bodies, insects, etc., get into the ear, a few drops of oil will smother them, and they can then be syringed from the ear. Maggots can be destroyed by a few drops of ether or chloroform put into the ear; they can be lifted out by means of forceps.

A foreign body in the ear is a simple matter at first, and will remain a simple matter if the general physician will remember that the rule of safety is "the syringe or nothing."

How TO USE POLITZER'S BAG.—The *Presse Medicale* gives the following directions: Blow the nose carefully, to rid it of mucus; take a little water into the mouth and hold it there for the time being; insert the end-piece of the tube deep into the right nostril, and hold it there with the fingers of the left hand, at the same time closing the left nostril with the left thumb; then, with the right hand, squeeze the bag vigorously at the very moment of swallowing the water; withdraw the nose-piece before allowing the bag to expand again. The insufflation should be practiced two or three times in succession.—*N. Y. Med. Jour.*

PERISCOPE.

ACROMEGALIA.

Hauserman (*Berliner Klinische Wochenschrift*) reports a case that came to autopsy with a diagnosis of diabetes and furunculosis. The post mortem examination showed characteristic changes in the hands and face. Occupying the position of the hypophysis there was a tumor 3x2.5x2 cms., a sarcomatous struma of the hypophysis. The thyroid was slightly enlarged, with larger and smaller colloid apta. No thymus present. The pancreas was 20x4.5x1.5 cms., weighing 47 grammes, not strikingly atrophic, but microscopically there was a marked increase of connective tissue. The case is interesting on account of the combination of the tumor, the struma, and the diabetes.

The author found 97 reported cases of acromegalia. Autopsy was performed in fifteen, and these 12 showed changes in the hypophysis cerebri. The other three were either not typical or were not carefully examined. We may infer that there is a connection between the pituitary body and acromegalia. The author's own view is that all organs have a double function: a negative, withdrawing something from the organism, and a positive, introducing something into the organism. Again, that the progressive development of one organ has progressive development of other organs as a consequence. The latter process he calls, in distinction to compensatory hyperplasia, altruistic hyperplasia. The pancreas offers an example of the first part of the theory. It eliminates the pancreatic juice, and by its positive activity prevents diabetes. The sexual organs, in the connection of their development with that of other organs as the larynx, offers a good illustration of altruistic hyperplasia. If a casual relation exists between tumors of the hypophysis and acromegalia, the author thinks it can best be explained as an altruistic hyperplasia. Hauserman de-

cries the indiscriminate use of organ-extracts. Theoretically they should be of use in cases of altruistic atrophy, as myxoedema, and possibly in some cases of diabetes and Addison's disease. He thinks organ-therapy is out of place in Grave's disease and in acromegalia. The author thinks there is no connection between the struma and the acromegalia. On the other hand, partly because of the fact that there is often an increase of the connective tissue in both diseases, he thinks it not unlikely that there was a close connection between the diabetes and the acromegalia.—*Am. Jour. Med. Sci.* W. N. M.

A SEDATIVE IN NERVOUS CONDITIONS.

In that large class of sufferers from nervous insomnia it often becomes necessary to resort to the use of hypnotics until such a time when the patient's health has been so much improved that sleep occurs naturally. Opinions are still divided as to hypnotics best adapted for these cases, and the best way of administering them. Dr. David Inglis, professor of nervous and mental diseases in the Detroit College of Medicine (*Physician and Surgeon*) states that the plan of holding the patient's nerves steady all day, instead of letting them get more and more wrought up as the fatigue and worry of the day goes on, is founded on reason, and the difficulty of quieting down for a night a patient who has been growing more irritable all day, is very great. He has found trional an admirable substitute for the bromides in those conditions which we call nervous, when employed in a different manner from that commonly recommended. Instead of using ten or fifteen grains of trional for a night dose, he now almost always gives three or four or possibly five grains at intervals through the day.

The result is this—the patient is never stupefied, as he is liable to be by the full night dose, but during the day he feels calmer and more composed, with much less of that wretched restlessness and irritability which makes the day miserable and the night dreaded. He goes to bed in a comfortable frame of mind, and, upon the whole, sleeps quite as well as he would upon a large night-cap dose. And he feels that the sleep is a natural sleep. The moral effect upon these patients is something great. A patient who knows that he has only gotten sleep by the use of narcotics is vastly encouraged to find that he goes to sleep naturally after a tolerably calm day, and encouragement to these patients is an exceedingly valuable medicine.—*Medical Progress.*

COLCHICUM IN SCIATICA.

What a grand remedy this is, and how many victories it has won in gout, rheumatism, neuralgia, etc., but how many times physicians have failed to get any results from its use, and have therefore determined that colchicum autumnale was no good. I am willing to grant that many times the drug, as found on the market, is no good, and

for years I have entirely limited myself to two sources of supply—either the wine of colchicum made in England or the specific medicine made by Lloyd Brothers.

Give me a good preparation, and what can be done with it? I can use it as a diaphoretic, diuretic, laxative, cathartic, and alterative. A novice using this remedy and careless as to dose, can get up lots of irritation, and give rise to a good deal of suffering. But if the remedy is used with care, while there is often no more efficient remedy, there is certainly, in my experience, no more safe remedy.

On the 10th of this month I was called to see a lady who had been complaining for some time, and was considerably run down, her bowels were constipated, appetite poor, and for two days she had been suffering excruciating pain in the right hip, and along the course of the right sciatic nerve; there was no fever, she could not sleep, and to attempt to move made her suffering worse; she was in a pitiable condition. This was early in the morning. The limb was bathed with a stimulating liniment. For internal use I prescribed two drops each of sp. colchicum and sp. hyoscyamus. This was to be given in syr. rhei et potas. and repeated every three hours till the bowels were affected, then if action were too great, less frequent. That night she got a little acetanilid comp. to insure rest.

Called again on morning of 11th; found patient much more comfortable, bowels had moved, appetite returning, pain almost gone, but limb still almost useless; she slept pretty well through the night. As the bowels were not too free, continued the same treatment. Called again the 13th; found her doing remarkably well, bowels moving twice in twenty-four hours; pain very little, nothing to complain of; beginning to use her limb. Left her on same treatment.

Some one asks, how about the hyoscyamus? I answer the pain was so very severe that though I had great faith in colchicum as a pain reliever, I made this combination. I feel assured that a very large percentage of physicians would have used morphia; this I did not want to do, as I felt sure that the combination above named would be much better, and the results abundantly justified my conclusions. I may say, in conclusion, that this experience with colchicum is not an isolated one; I have had results just as satisfactory before.

Colchicum has a wide field of action. Wherever you have a gouty diathesis remember this remedy, although I prefer to use sedatives when temperature is high. Yet I can reduce temperature with this drug. I like this remedy because it fills so many indications, stimulating skin, kidneys, lungs, and bowels; it increases waste, and thus acts as a true alterative. A restudy of this medicine will repay the physician. But be sure you get a good article.—DR. FEARN in *California Med. Journal*.

COLLEGE EXPELLED.

It is a strange thing that the expulsion of the Medical College of Ohio from the American Association of Medical Colleges has received practically no notice from the medical press. How has the item been suppressed? It would seem as if such an item would promptly "go the rounds" of medical journals, for there exists a feeling among medical editors that such a decided and flagrant violation of the rules governing medical schools of presumed good reputation should be given all the publicity possible. Expulsion of a medical college from the association for dishonorable methods is equivalent to that of a member from the American Medical Association for unprofessional conduct; and should be given far more prominence because the dishonest act is not that of a single individual, but of a large number of men who each ought, like unto Cæsar's wife, to be above suspicion. Why, then, the silence about the Ohio Medical College?—*Amer. Jour. Surg. and Gyn.*

Yes, why is it? Then, too, there were ten or a dozen other old school colleges dropped by the same association at the same time the Ohio College was bounced. Why is there not something said about these in some of the allopathic journals? The above clipping is the first that we have seen in all of the fifty or more allopathic exchanges that we enjoy. Had it been an Eclectic or Homeopathic college that had fallen from grace every old school journal in the land would have assisted in the promulgation of the news.

Our opinion is that so few of the colleges are like Cæsar's wife, that no one knows just how soon lightning may strike in another quarter and perhaps very close to home.

The Ohio Medical College is by far not the only college in this country that asked no further evidence of attendance than the presentation of matriculation tickets. Frequently no absolute proof of attendance was required. In fact, we *think* that some colleges with which we have had some acquaintance, knew so little of a greater or lesser number of their students after they had matriculated, that they could not have truthfully certified that these individual students had been in attendance during the term. Of course, the student who was in the *special* quiz classes, and was in other ways quite prominent or noticeable among his fellows was *known* to be present or to be in attendance; but all below him in the various planes were veritably "not in it."

The Ohio College made a mistake. Had it humiliated itself before the powers, and said, yes, gentlemen, we are guilty; we were imposed upon by this party; we did not investigate—but we will be more careful hereafter—the verdict would have been—forgiven—go, sin no more.

The expose originated in a piece of spite work. Some good brother became disgruntled and said, "never mind, I'll tell on you," and tell

he did. He should sleep with one eye open—for when caught napping he may be shorn of his graceful scalp-locks.

If every college in this broad land would religiously live up to medical college association agreements—(or even to their own announcements)—and not waver one iota, the complexion of the medical profession would materially change in a decade or two.—*Eclectic Medical Gleaner*.

REMARKABLE CASE. •

The value of hydrogen dioxide as an external antiseptic, disinfectant and vulnerary is well known. As a local application in the treatment of specific inflammations of mucous membrane—diphtheria, scarlatina angiosa, gonorrhea, etc.—and for the relief of otorrhea, ozena and other acute and chronic inflammatory conditions characterized by fetid discharge, its use is almost universal, but its value when internally administered for the relief of certain local and general constitutional diseases is not so generally appreciated. The reasons for this may be easily pointed out. Upon theoretical grounds hydrogen dioxide was introduced as a specific for diabetes and was hailed with gladness, but after liberal trial clinicians were unable to verify in practice that which had been so boldly announced by theorists, and the remedy naturally fell into disrepute. At about this time a few instances of undesirable and even disastrous results of the internal administration of hydrogen dioxide were reported, and, without duly investigating the matter, many at once opposed the remedy as not only inefficient, but even dangerous when taken into the stomach or injected into serous cavities. Subsequent investigations have plainly shown that the dangerous symptoms which, in the cases referred to, followed the internal administration of this remedy, were due not to the hydrogen dioxide, but either to impurities existing in the preparations employed or to entirely irrelevant causes.

Mr. A. W., residing at No. — Pine St., Philadelphia, was first attended by the writer December 20, 1894. At that time he was confined to his bed with one of the many periodical attacks of intense epigastric pain, nausea, vomiting, etc., to which he was then subject. About two years and a half before, the patient had been taken, while at work—he then ran a stationary engine in one of the factories in this city—with moderate pain in the region of the stomach, which was accompanied by nausea and weakness.

The remedies at first prescribed did not prevent the regular recurrence of another severe attack of the pain, vomiting, etc., which came on ten days after the one just described. Relief was again afforded, the stomach was thoroughly washed with warm alkaline water and a new line of treatment instituted. Ten days then passed and the much feared attack did not come on; two weeks, three weeks, a month, two months, a year, and now three years have gone by since

the old foe has made his preference felt, and the patient is again at his former post, a comparatively well and happy man. The remedy prescribed, which proved effectual and which was continued with more or less regularity for a number of months was as follows:

R. Solution hydrogen dioxide (Oakland Chem. Co.), Glycerini c. p. aa $\bar{3}$ iij. M. Sig.—Teaspoonful in tumbler half full of water.

In administering this remedy we employ the solution prepared by the Oakland Chemical Co., of New York, which, in accordance with the requirements of the U. S. Ph., contains about three per cent., by weight, of pure hydrogen dioxide, corresponding to about 10 volumes of available oxygen.—*J. H. Egbert, A. M., M. D., in Med. Sum.*

The Diuretic Treatment of Renal Dropsy.

Dr. Nestor Tirard reminds his readers of Manquats' classification of diuretics: 1. Mechanical, (*a*) cardiovascular, and (*b*) aqueous diuretics. 2. Renal, (*a*) Functional epithelial, and (*b*) irritant epithelial diuretics. Digitalis stands as a cardio-vascular diuretic because it increases blood pressure generally, and also the speed of the blood flow through the glomeruli, and should be grouped with convallaria, squill, ergot, strophanthus, and caffeine. Of the aqueous we may use the acid potassium tartrate as the imperial drink, or milk, both of which increase the volume of the blood and directly arterial tension.

The indications for diuretics, following Huchard, are: 1st, to maintain the action of the kidneys; 2d, to evacuate fluid effusions; 3rd, to soothe and diminish irritation of the genito-urinary organs; 4th, to modify the urinary secretion, to prevent urinary calculi; 5th, to exert a derivative action through the renal passages; 6th, to hasten elimination of toxic substances from the organism; and 7th, to free the blood of morbid matters which are capable of elimination by the kidneys. In the single instance reported great relief was obtained by the use of theobromine sodiosalicylate (diuretic), first from the asthmatic symptoms, and secondly, in the amount of dropsy. It is not believed that in this instance there is any permanent result, but sooner or later the pleural cavities must be aspirated and the anasarca of the lower extremities be relieved by acupuncture or by Southey's capillary tubes. These measures, however, should be postponed as late as it is possible, for the strength frequently fails rapidly after drawing large quantities of fluid from the extremities, and there is some risk of exciting inflammatory changes in the neighborhood of the punctures. Twenty grains of the drug were given twice daily.—*British Medical Journal, 1897.*

Herpes Zoster and Facial Paralysis.

Eichhorst (*Centrab. of Univer. Med.*) This combination of symptoms is very rare. Ebstein, in 1895, was able to collate but eleven cases. The author has found seven others, and adds the following of his own: A woman, aged twenty years, no nervous disease in family, three children. Trouble began the day after sitting in a draught, with drawing sensation in right side of face, slight tenderness over right eyebrow, followed by pain radiating from neck to back of head and on right side. On the third day a total right-sided facial paralysis. Four days later a vesicular eruption on the lower half of the right ear and in the auditory canal, on the right half of the tongue, uvula, and palate. The paralysis was very marked, with complete re action of degeneration. The tongue protruded straight; touch and taste unimpaired. Sensation of face intact. No tenderness at points of exit of the fifth and seventh nerves. No cerebral symptoms. So far as the author knows, this is the fourth case in which the paralysis preceded the herpes. In all such cases, too, the herpes has been limited to the trigeminal distribution. The occurrence of such herpes on the mucus membrane has been described by Remak alone. It is well known that in facial paralysis of peripheral origin there occurs a gustatory paralysis of the anterior two-thirds of one-half of the tongue. From the case above, where this did not occur, we must conclude that the chorda tympani carries both taste and trophic fibres. Eichhorst thinks the phenomena in his case may be explained as follows: The trigeminus branches were involved; the tongue herpes was caused [by continuation of the inflammation from the facial to the chorda tympani and affecting only its trophic fibres. — *Amer. Jour. Med. Sci.* W. N. M.

Treatment of Infectious Diseases.

Dr. Albert Robin calls attention to the influence of cold baths. While these diminish the heat produced by physiological reactions of infection, they also favor oxidation. Through the energetic nervous reaction which they bring about there is an increase of combustion, and as well an augmentation of the products of hydration and decomposition, which are slightly soluble, but when oxidized are easily eliminated. Further, these determine an abundant diuresis, which relieves the circulation. Baths, or at least cool sponging, are important measures in the treatment of infectious diseases, as typhoid fever, malaria, infectious pneumonia, scarlet fever, or measles. Under their use the amount of oxygen absorbed increases, carbon monoxide elimination is greater in amount and the temperature falls. The urea increases about 20 per cent. after the bath. Inhalations of oxygen or the dissemination of this gas near the mouth of the patient have also proved to be serviceable.—*Bulletin Gen. de Therap.* W. N. M.

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CANTHARIS VESICARIA—Cantharides.

This is an old drug, and its surreptitious administration is a penal offense. Fluid preparations, like the tincture or the specific medicine, are the only forms in which it should be administered. In over doses it is poisonous; as little as six grains of the powdered drug having produced death. There is no physiological antidote, and the symptoms produced by an overdose must be met upon general principles. Emetics, the stomach pump, animal charcoal, mucilaginous or albuminous drinks, and opium by the stomach or rectum, or both, are suggested. The administration of oils should be avoided, as they facilitate the absorption and action of cantharides.

The continued use of ordinary doses of cantharides, and frequently an over dose, may produce strangury, albuminuria, or hematuria. Strangury is relieved by hot sitz baths, and the intra-vesical injection of weak solutions of cocaine. It is likely that the most dire effects of Spanish fly have been produced by its administration in large-sized doses in an endeavor to produce an aphrodisiac effect. This whole idea is a mistake. Nothing short of poisonous doses of the drug will produce priapism. When this occurs there is so much concomitant excitation about the bladder and urinary organs, that should any erotic feeling be present it would be rather quickly dispelled. It is well for physicians to know, and to tell people generally, that cantharides is not only of no benefit as an aphrodisiac, but that it is likely to produce much harm; that it is a dangerous drug. We see in some old-school works, that cantharides, together with iron, nux, and phosphorus, in full doses, is recommended in impotency due to sexual excess. If safer remedies do not bring about the desired results, we are sure that cantharides will not do so.

In proper doses, or when given as a medicine and not as a poison, cantharides has a peculiarly stimulating effect upon the urinary apparatus. We believe that it acts principally, if not wholly, upon the base of the bladder and upon the urethra. Besides, it has more or less stimulating action upon the womb and ovaries. As a diuretic—that is, when we desire to increase the quantity of urine excreted—we

are positive that we are familiar with a number of remedies far superior to cantharides. Yet, like elaterium, the small dose of which is a specific in bladder irritation, cantharides seems to exert, when the small dose is given, a specific action on the genito-urinary organs of both sexes.

It is a remedy of no small value for irritability of the bladder. It has few superiors, if any, for incontinence of urine due to debility and relaxation or partial paralysis of the sphincter vesicæ, and especially in that incontinence so often seen in women, who, because of weakness of the bladder, are unable to retain the urine when they cough or sneeze, or laugh. Here cantharis is an excellent remedy.

Cantharides is highly recommended in some cases of seminal emissions. We can imagine the case in which it will do well. It is of a "below-par" condition of tissues about the base of the bladder, prostate, and urethra. It is a remedy for the same conditions that may be seen in obstinate cases of gleet, prostatorrhea, spermatorrhea, chordee, and in diabetes insipidus. Cantharides is *the* remedy in chronic nephritis and pyelitis. It has no superior in the relief of that tearing tenesmus that is so wearing and worrisome in cystitis.

Cantharides exerts a beneficial effect upon the uterus and its appendages. It is a uterine stimulant, and as such it acts as a direct emmenagogue in some cases of amenorrhea, uterine leucorrhea, metritis, and even in mania depending upon a wrong of these organs. It is very effective for good when given in chronic ovaritis, when there is a burning sensation and pain, worse at the menstrual period. It is a remedy when menstruation is too scanty, or too profuse, or too early, or the discharge is too dark, and especially when the breasts are very sore and sensitive.

Cantharides is highly recommended in the proper dose as a remedy for *scaly* skin diseases, like psoriasis, eczema, prurigo, lichen, tinea tonsurans, tinea circinnata, and in alopecia, especially when the patient is depressed, needs stimulating, etc.

The dose of specific cantharides, as given in some of the works on therapeutics and in the dose books—from three to ten drops in water—is too large. Ten-drop doses, frequently repeated, might produce trouble. From the fraction of a drop to five drops, well diluted, is ample. Cantharides should not be given when there is active inflammation or congestion of the kidneys.

As a local irritant, cantharides stands alone. It or some of its preparations occupy the whole field. In this line we use the cantharidal collodion upon rubber adhesive plaster, dropping the fluid in drops from one-half inch to one inch apart, over the adhesive surface of the plaster to the size of the place we desire to blister, being careful that no collodion comes to the edge of the plaster. Then the plaster is snugly pressed to the body. In a few hours the plaster is drawn, and a puncture can be made through the plaster to allow the escape of the serum. But care is taken not to disturb the plaster. It remains in

situ until the raw surface has completely healed. There is, in this way, no open sore, and no dressing. It is satisfactory to both physician and patient. A blister thus formed is used frequently as a counter irritant in otitis media, over the mastoid process; for gastric pain and vomiting; for periostitis, peritonitis, and synovitis; for splenitis, myelitis, or in meningitis; for neuralgia, sciatica, and in hydrothorax, pericarditis, pleuritis, the second or third stages of pneumonia, etc. Cantharides forms a part of many local applications to the head and scalp, with the idea that it stimulates the growth and health of hair cells. It is recommended highly as a local application in alopecia. In this instance it does not excel, if it equals, sulphur. W. E. B.

GOITRE.

Goitre, or thick neck, is a condition quite frequently encountered by the general practitioner, especially in the female. This trouble is the result of an enlargement or hypertrophied condition of the thyroid gland. It is also known as bronchocele, as well as Derbyshire neck, owing to its great prevalence about Derbyshire, England.

Two varieties are recognized; in one there is hypertrophy of the gland, with a tendency to grow and continue to grow in many cases until remarkable proportions are attained. In this form there is no pain, no inflammation, and in fact no symptoms whatever, other than objective, viz., the enlargement and unsightliness of the neck.

In the other form, in addition to the enlarged thyroid, the most pronounced objective symptom is the exophthalmus, or protrusion of the eye-ball—a pop-eyed appearance. This is known as exophthalmic goitre, also Graves' disease or Basedow's disease, from the names of supposed English and German discoverers. This variety is more serious, and is usually attended by symptoms that excite and alarm the patient to a considerable degree, among which may be noticed palpitation of the heart, and finally continuously increased action. The patient is usually nervous and excitable, and easily fatigued.

Menstrual irregularity, to some extent, is usually complained of by most women suffering from this difficulty. It will at first be a scanty flow, then an occasional period will be missed altogether, and finally amenorrhoea. Appearance of dropsy is not an infrequent symptom, occurring after a few months as a consequence of the disturbance to the heart and circulation; the hands, feet, and eye-lids may all become œdematous; likewise abdominal dropsy may follow as one of the later results of the disease.

The enlargement of the gland in the first variety, or simple goitre, appears to be due mostly to an excess of connective tissue and an enlargement of the follicles, in which it assumes undue proportions, and continues to grow; while in that variety attended by the exophthalmus, the hypertrophy is believed to depend upon a change in the vessels of the thyroid, both arteries and veins being greatly increased in size. It is presumed the vessels supplying the eyes also undergo

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some such change, together with more or less thickening, with a deposit of fat in the muscles about the eyes.

The nerves, especially the sympathetic system, appear to be more or less affected, and from the fact that the latter variety seems to often result from great excitement, fear, disappointment, disturbances of the emotions, etc., it may be possible that the trouble arises from some change or perversion in the nervous system; and if not the primary causal agent, it at least contributes to some extent to that end.

The prognosis in goitre should be considered favorable in so far as the life of the individual is concerned, but in overcoming the enlarged and unsightly condition of the gland, has always been discouraging.

As to treatment, many agents have been recommended. During the past year we have had under observation four cases—three of the simple variety and one with exophthalmus, and it is to the use of a particular remedy which gave unusually good results, especially in the simple form, that we desire to call attention. This agent is the mother tincture *fucus vesiculosus*. It was given in half teaspoonful doses every three hours, gradually increasing to a spoonful, dispensing in simple syrup in order to disguise the taste to some extent. This treatment was continued without the use of any other remedies whatever, saving in one case the application for a short time of colorless iodine. The gland first softened and then gradually diminished in size, until it entirely disappeared, and each case has apparently fully recovered. The time varied from two to four months. We would like to hear from others who have had experience in using this agent.

The other case (with exophthalmus) showed no improvement whatever under this treatment. Among other agents recommended are iris, *phytolacca*, potassium iodide, and the alteratives in general, as well as iodine locally. In the other variety, rest is one of the essentials of treatment. The use of small doses of *digitalis* with iris, alternated with *veratrum*, has given better results than any other treatment that we have been able to find. Hydriodic acid (syrup) has been used in both varieties of goitre. The use of electricity has been likewise recommended. *Lycopus* has been highly extolled by homœopathic physicians in exophthalmic goitre. This form of the trouble, however, will be found very difficult, if not impossible to cure, and the results of treatment with the remedies at our command promise but little.

R. C. W.

MAXIMUM DOSES.

As the employment of specific medicines becomes more extended, the question is frequently asked, "What are the maximum doses of the specific medicines?" It is therefore proper that this JOURNAL, which has been the chief advocate of specific medication, should give this question due consideration. It must be conceded that ordinarily it is not the larger doses of a drug that are capable of the best therapeutic possibilities. Many of these remedies might be given in un-

limited amounts were it not for the objectionable quantities of alcohol that would be so administered. These preparations are included in the class for which specific indications have been determined. Thus large doses of *nepeta*, *euphrasia*, *asclepias*, etc., may be given without apparent harm; but such doses, through the disturbances produced by the excess of alcohol, may fail entirely to accomplish the good that the specific indications, as recorded, would lead one to believe. No advantage is gained in giving large doses of *matricaria*, for such doses do not control that nervous irritation in young children for which the drug is valued, and for which it is most often administered. Here the very small dose will work wonderfully well, while the larger doses accomplish a very different result, usually acting upon the emunctories, rather than correcting disturbed innervation.

Again, it must be remembered, that some of our specific medicines are toxic, and in this respect exceedingly more active than other fluid preparations of like drugs. Consequently they should be administered with great caution. In our experience one drop of specific *aconite* or of specific *belladonna* to four fluid ounces of water will accomplish far better results than the ordinarily prescribed five drops to the same amount of water. We have seen effects from the latter proportions which bordered more closely upon the toxic than therapeutic action. It has been a cardinal feature of Eclecticism to avoid the depressing or full physiological (with very few exceptions) action of medicines. This is especially aimed at in the determination of specific indications, where the design has been to so correct "excess, defect, or perversion" that normal action may obtain. The rule has been, and should still be, how little, rather than how much, may we administer of a medicine to accomplish the best curative effects. We are firmly grounded in the belief, and our belief is confirmed by our experience, that in most instances the smaller the dose of any medicine, barring infinitesimals, the better will it correct functional wrongs—the nearer will the result produced approach to normal functional activity.

Personally we have long held the view that it is not so much a question of doses as of the proper remedy and a proper quality of that remedy; that if the proper remedy, or that having an affinity for the part affected and opposed to its wrong of function, be employed, that remedy will accomplish good results, regardless of dose, unless that dose be too large and become an interfering dose. Ordinarily it is the very small dose continuously repeated that accomplishes the greatest good. Furthermore, the best results are brought about in a silent manner, without evident marked disturbance of the system.

We have constant evidence of this in the administration of our commoner drugs. Are the results from drachm doses of *echinacea* or *echinacea folia* (for they may be given in large doses) better than those from five-drop doses? We get a silent and potent action from small doses of *iris*, *baptisia*, or *podophyllum*, while larger doses would induce gastro-intestinal disturbances and entirely defeat the accomplishment

of the result usually sought from these drugs. Both ipecac and lobelia, in small doses, allay gastric irritation, while large doses of the same drugs are promptly emetic. Five drops of Fowler's solution is the ordinary dose given by many physicians, yet in a series of experiments Profs. Locke and Howe arrived at the conclusion that one-half drop is the proper medicinal dose.

It is perfectly right that the maximum doses of specific medicines should be established and made known, in order that excessive amounts may not be administered. But we hope that the knowledge of the limit to which these medicines may be given will not lead to a departure from the rule observed in the past, to wit, that the smallest dose which will accomplish the fulfillment of the specific indication is the proper dose. In our opinion it is far better that physicians strive to establish the proper *medicinal dose*, than the maximum dose of a medicine.

H. W. F.

SURGICAL HINTS.

FORMALDEHYDE AS A SURGICAL ANTISEPTIC.—Formaldehyde is a compound word, composed of formic, which means pertaining to, or derived from an ant, or, in an extended sense, pertaining to or derived from formic acid; and aldehyde meaning, in a literal sense, alcohol deprived of its hydrogen. It is a colorless, mobile, and very volatile liquid, obtained from alcohol by certain processes of oxidation.

Formaldehyde is prepared by decomposing methyl alcohol by the action of incandescent heat. This compound is represented by the symbol H_2CO , and to the trade is sold in the form of a liquid in pound bottles, with the general appearance of original alcohol. It is colorless and has an irritant odor. The different manufacturers have given different names to this chemical product, such as formaline, formol, etc. In a general way, then, we may speak of this product from wood alcohol by this imperfect combustion, as a freely soluble liquid or gas.

I have been experimenting some with this formaldehyde, diluting it in hot sterilized water, and using it for the purpose of keeping my instruments aseptic, after they are taken from the sterilizer; also using it in a ten-per-cent. solution of sterilized water, to wash out and make aseptic diseased tissue.

Recently at Creston, O., in the practice of Dr. Hollingsworth, I used a gauze sponge freely saturated with the liquid at full strength, in mopping out the pelvis, where I had removed a large tubo-ovarian abscess, in which some of the contents of the tumor had escaped in dissecting it from its adhesions. I have used it at different times to the severed extremity of the tubes, to prevent intra-abdominal infection. From the experience I have gained in the use of this remedy I am inclined to the opinion that it will prove one of our best antiseptics in the care of surgical cases where there is a septic lesion. I believe I should not hesitate in dealing with a pus cavity, to wash it out

freely with this formaldehyde in its normal strength ; and if occasion required, packing the abscess cavity with gauze wrung out of a fifty-per cent. solution, that is to say, the gauze to be wrung medium dry through a half formaldehyde and sterilized water.

Possibly later on we may find some objection to the extended use of this remedy, where there are large traumatic surfaces ; but until such time I shall be inclined to use it as a disinfectant wash in carcinomas and other aseptic tissues.

* * * *

EXTRA-UTERINE GESTATION.—Last month, at Creston, O., in the practice of Dr. T. D. Hollingsworth, I performed my tenth operation for extra uterine gestation within the last year, and all cases have made successful recoveries. This patient, the wife of a merchant at Creston, had been ill for three months. There were the usual hemorrhages, and discharge of decidua, with intense pain in the right side and enlargement. The doctor had prepared the patient for the operation at her home, by the usual methods of diet and free washing of the intestine tract with the sulphate of magnesia. The menstrual flow was present the day of the operation. After a thorough vaginal irrigation, the womb was curetted and packed with iodoform gauze. An incision was made in the median line, about four inches in length. In the right iliac region the tube and ovary, greatly enlarged, had coalesced, and at the distant extremity of the tube we found the debris of the extra-uterine gestation, which was carefully dissected out and removed. There was much oozing from the dissected pelvic tissue, which was controlled by packing with iodoform gauze, one end of which had been passed through an incision made in Douglas cul-de-sac into the vagina, for the purpose of drainage, and removal of the gauze after the first forty-eight hours had passed. Three-quarters of a yard of this gauze was folded in plaits, and protected all traumatic surfaces from contact of the intestines.

Before closing the abdomen, I made a careful examination of the other ovary and tube, and I found the fimbriated extremity of the tube grasping the ovary, and immediately beneath the ostium abdominalis ovulation was in process. I removed the tube, and with a piece of sterilized gauze sponged the ovarian clot, and dropped both back into the ovarian cavity. Just before closing the abdominal cavity, after I had inserted the sutures, and while removing the gauze, I re-examined the left uterine appendage, and found that the fimbriated extremity of the tube had again grasped the ovary, and was holding it firmly, the same as before I had disturbed their relations.

The abdominal incision was now closed after the usual manner, and the patient made an uninterrupted recovery.

The diagnosis of extra-uterine gestation is fairly well made up, and the symptoms pathognomonic, when there is a history of a sudden lancinating pain in the pelvis, followed by faintness, extending sometimes to extreme collapse, with a history perhaps of one or two missed

periods, and usually the appearance of a slight metrorrhagia with the passing of decidual membrane. On making a pelvic bimanual examination the uterus is usually found tilted to one side, and the opposite side filled with a soft, doughy swelling, extending in the Douglas cul-de-sac. When you add to these symptoms superficial dullness on percussion over the tumor mass, and the appearance of a painful tumor upon manipulation, and soreness over the entire abdomen, there can be little doubt left in regard to the correctness of your diagnosis of extra-uterine pregnancy.

* * * *

PROF. HOWE'S IMPROVED STRICTURE DIVULCER.—On attempting to use the original stricture divulcer, suggested by Prof. Howe, I found it impossible to force the divulcer through extensive stricture tissue. I therefore suggested to the surgical instrument makers an improvement on this instrument, by carrying the ribs of the instrument to the extreme tip, instead of allowing the milling process, which caused the ribs to stop an inch from the end of the instrument. By this improvement the divulcer commences splitting the stricture tissue at its narrowest point, and the instrument is easily inserted through any stricture tissue which I have attempted with this improved instrument. I have suggested the making of two sizes of these instruments, the smaller one being about two-thirds the size of the one originally devised by Prof. Howe.

In those cases of stubborn multiple stricture of the urethra, the smaller instrument is first used, dissecting its way carefully with moderate force, until the instrument makes its intrusion into the bladder, after which it is withdrawn, and the large divulcer immediately inserted, and allowed to remain for several minutes, until the hemorrhage ceases and there is evidence of shock, at which time it is immediately removed, and replaced by a soft catheter. To be sure, in the use of this instrument the patient should be under the full influence of an anesthetic, preferably chloroform.

In some cases supra-pubic cystotomy offers the best *modus operandi* of dealing with deep prostatic or perineal stricture, divulcing from the viscus. It will, in my opinion, in the near future, be the method of dealing with enlarged prostates.

* * * *

EPISPADIAS.—Recently, in dealing with a case of epispadias, I made a perineal incision, the same as for the lateral cutting in doing a lithotomy. This gave a complete drainage of the bladder for a period of eighteen days. The epispadias was then dealt with in the following manner: Two parallel lines of incision were made, extending along the edges of the mucous membrane from above the proximal opening to the distal portion, extending through the glans to the meatus externus. These linear incisions were dissected up one-twentieth of an inch and the reflected edges approximated with fine chromacized cat-gut sutures. The cutaneous edges of the incisions were also dissected

backward laterally, and the skin flaps nicely approximated and sutured with silk-worm gut, nicely approximating and covering the improvised urethral tract. A small silver catheter was inserted in the urethra during the approximation of the urethral and cutaneous tissues. The wound, dusted with pulverized crystals of iodoform, and retained by antiseptic gauze, healed nicely by first intention, making a complete urethral tract. Some days later, the perineal incision healed by granulation, and the patient made a perfect recovery.

While admitting that this is somewhat of a formidable method of dealing with epispadias or hypospadias lesions, I believe it to be a proper method, and a perfect solution for surgical interference in these cases, as the urethral wound is not disturbed by urinary infiltration during the healing process.

* * * *

BLOOD AS AN ANTISEPTIC.—For some years I have been experimenting with blood as the ideal antiseptic wash in surgical wounds, where the parts are free from contamination of pus or necrotic tissue. In the operation, sterilized gauze is used as sponges. In the dressing of the wound, the gauze sponge is used to wipe the wound from all clots of blood, and make it as clean and dry as possible; after which the parts are adjusted and sutured with chromacised cat-gut, obliterating space or cavities in the wound. The cutaneous incision is closed by a subcutaneous silkworm-gut suture. Iodoform is dusted over the line of the incision, and iodoform gauze, cotton, and retentive bandage complete the operation. It is very seldom that we find a single drop of pus in any of the wounds dressed after the manner above described.

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FORCIBLE STRAIGHTENING OF THE SPINE IN POTTS' DISEASE.—In dealing with these lesions of the spine, it is now considered the proper thing to use force by way of extension and counter-extension, while the patient is under the influence of an anæsthetic, and by external pressure on the most prominent part of the curve, to forcibly correct the distorted curvature of the spine, and then apply the plaster of paris in such a manner as to keep enforced extension and counter-extension. I believe it to be a safe and judicious method of dealing with these deformities in the early stage; but when they have advanced to an extreme angular curvature, I can readily conceive of the danger of this mode of procedure from internal laceration of the tissues, other than the impinging of the necrotic osseous tissue on the spinal cord. Yet I believe in a majority of cases treated by force—immediate correction of the distorted spine—good results will be obtained.

L. E. R.

AUTHORS AND THE JOURNALS.

A recent number of the *Laryngoscope* contains a paper from Prof. Seth Scott Bishop, M. D., under the above head, that appeals so strongly to the writer as to have induced him to read it again, and then again. One point touched upon is that of book reviews and book reviewers, in which appears much wholesome advice and many good suggestions, and on one phase of which I am led to enlarge and comment.

Whether my experience is voiced by that of others or not, remains for themselves to determine, but the fact is, as time passes, study and experience induce me now to hesitate concerning the many sides of a question that twenty years ago would have presented but one view to my inexperienced, one-sided gaze. And further than this, where twenty years ago I would have seen but one phase of the author's mind, I am now aware of the many perplexities that surround the man who really thinks and aims to get beneath the surface.

Not the least important are the lessons that have come to me from out these years of experience has been the fact that prejudice often plays an important factor when the person concerned would be offended were an intimation to be extended that he were unfair in thought. The inexperienced man is likely to err by reason of prejudice, and is partly excusable; the experienced man may err in adding the increasing weight of years of unrestrained prejudice, and if this is so, if his life has been spent in cultivating one-sided thought, he is to be severely blamed. So it is now, that when a book comes to my desk for public review, if it be marred by errors either of judgment or of statement, by reason of the inexperience of an author, unconscious attempts are made to aid the person involved. More than once, out of consideration to the author, I have declined to review such a book publicly, preferring to write a candid personal letter to the author, and then await the second edition.

One of the lessons that time teaches is that of admiration for the ambitious man, especially if he be a young man, and of charity for faulty workmanship, that a kind word and further experience may help correct. This course is the reverse of the methods of youth, or of men who are the slaves of unbridled prejudice. The incentive in such cases is to give the unfortunate author no mercy, to "show him up," to make a lesson for others; in other words, to viciously humiliate and crush the self-created antagonist.

Another of the lessons that time teaches is that men who presume to creditably review the works of others, must not express petty personal opinions about the other person, and must not allow any professional, political, or business rivalry to influence his better part. This is one of the hardest lessons some people have to learn, and many talented young men have embittered their lives and wrecked their own bright futures by indiscreet public personalities and exhibitions of petty spite.

Well do I remember that, years ago, the study of pharmacy seemed a thing to be learned as a school lesson is learned, and finally, in a few years to be completed. But now, after the third of a century of constant toil and study, I find it so great as in many directions to forbid, to myself at least, more than a superficial knowledge. Once the study of the dispensatories, the ordinary works on pharmacy and materia medica, possibly fifty volumes at the outside, seemed competent to convey all that could be utilized in the study of pharmacy. But now a library of ten thousand volumes on botany, pharmacy, and collective branches, properly indexed and classified, serves but to lead me to look outside it for other publications concerning any subject I may attempt to master. Thirty years of continuous pharmacy work and persistent research serve but to show my own shortcomings; so much so, that now I hesitate to undertake many problems in pharmacy and drug study, which once would have been assumed with confidence.

And so it seems as though this study of one's own imperfections may lead him to view with consideration the position of others who, by inexperience, undertake more than they should, but who in time to come will realize, as this writer has done, that inexperience begets self confidence, and that self-confidence may be a genteel term for conceit.

J. U. L.

CEANOTHUS AMERICANUS—Red Root—Jersey Tea.

This is an old Eclectic remedy, and we study it in connection with polymnia uvedalia. Ceanothus is stimulant and astringent. For this reason it is not so well adapted to the acute stages of some diseases as is the polymnia uvedalia. Besides being stimulant and astringent, ceanothus is said to be expectorant and antispasmodic. These properties are very mild, if they exist in the drug at all. It is indicated by a full, doughy, sallow skin; expressionless face; pain in the right side in the region of the liver, or in the left side in or about the spleen. Ceanothus has a specific action upon the portal circulation, and it is through this that it so materially affects both the liver and spleen. To a lower degree it influences the stomach, and is regarded as a stimulant to the digestive apparatus.

With these facts before us, ceanothus is an efficient remedy in enlarged liver, due to a sluggish portal circulation. On the same basis it is recommended as a remedy of great certainty in either acute or chronic hypertrophy of the spleen. In acute splenitis, with fever and tenderness, because of its stimulating effect it is not so good a remedy as is uvedalia. In malarial splenitis of a chronic nature, and subsequent malarial anemia, ceanothus is a valuable remedy.

Because of its stimulating effect upon the mucous membranes of the body, and its stimulating action upon the blood supply of the stomach, ceanothus is an excellent remedy in some cases of dyspep-

sia—those in which there is a depraved blood supply, little absorption, poor hepatic and splenic action. For these reasons ceanothus is also a beneficial factor in the relief of many cases of dysentery and diarrhea. It effects pleasing changes in some cases of chronic bronchitis, and of asthma. It is a remedy for both syphilis and gonorrhea—or in fact in any other disease, where the above indications prevail. This is especially true in some cases of menorrhagia, when the flow is very profuse, and the intervals marked by a free, yellow leucorrheal discharge. The dose of ceanothus is a teaspoonful every one to three hours of a mixture of from ten drops to two drachms of the specific medicine, (which is the best preparation of the drug known to us,) to four fluid ounces of water. We believe a trial and close study of this drug and preparation will be pleasant. Formerly infusions of ceanothus were used as a gargle and wash in aphthæ, sore mouth, gonorrhea, cancer, etc.

W. E. B.

COMMENCEMENT EXERCISES.

Your presence is requested at the following exercises in connection with the fifty-third annual Commencement of the Eclectic Medical Institute, Tuesday, May 12, 1898. Every graduate of the Institute who can possibly attend is urged to do so.

3 P. M.—Annual Meeting of the Alumnae Association at the College.

* P. M.—Commencement Exercises at Odd Fellows' Building, 7th and Elm.

PROGRAMME.

1. Music—March, "Bride Elect,".....Sousa
2. Invocation.....Rev. Dwight S. Marfield
3. Music—"Guard Mount,".....Ellenberg
4. Dean's Address.....Prof. F. J. Locke, M. D.
5. Music—Waltz, "Master Miner,".....Zeller
6. President's Address—Conferring Degrees.....Prof. John Uri Lloyd
7. Music—Cornet Solo, "Columbia Polka,".....Fred. Weiss.....Rollinson
8. Valedictory Address.....Prof. John R. Spencer
9. Music—Songs of 1898.....Weigand
10. Benediction.....Rev. Dwight S. Marfield
11. Finale—"E. M. I. March ".....Weber

Music by Weber's Orchestra.

9:45 P. M.—Banquet to Graduates, same building.

The Banquet to the Graduating Class will be held in the banquet room of the Odd Fellows' Temple at 9:45 in the evening. Tickets can be procured or reserved of Dr. J. K. Scudder, before May 8. Ladies' or Gentlemen's Tickets, \$1.50 each.

COLLEGE ANNOUNCEMENT.

The past year has been one of the most successful in the history of the Eclectic Medical Institute. Over 170 students have been in attendance, and there are 46 applicants for graduation.

The new Announcement will be printed in the June JOURNAL, and will also be mailed early in June to every graduate of the College whose address we have, and to all who have inquired for the Announcement in the past three years.

The next session begins September 19, 1898.

BOOK NOTICES.

A TEXT-BOOK ON SURGERY, General, Operative, and Mechanical. By John A. Wyeth, M. D., Professor of Surgery in the New York Polyclinic, etc. Third edition, revised and enlarged. New York: D. Appleton & Co. 997 pages; price, net, by subscription, cloth, \$7.00.

Wyeth's Surgery made its first appearance in 1886. A second edition, revised and enlarged, appeared in 1890, and now we have before us this third edition, revised and enlarged, brought up to date, and exceeding the previous edition by 112 pages. The work is a beauty—physically the acme of the book-maker's art—binding, print, paper, everything just right.

The introductory section of the work is devoted to surgical pathology, inflammation and the processes of repair in the various tissues of the body, and the differences in repair in a tissue affected with simple or non-infective, and infective (or suppurative) inflammation. Specific and non-specific urethritis, erysipelas, actinomycosis, glanders, tetanus, malignant oedema, hydrophobia, tuberculosis, syphilis, leprosy, diphtheria, and typhoid infection, are also embraced in this portion of the work.

Chapters VII and VIII are devoted to surgical dressings, sterilization, asepsis and antiseptics, and anesthesia.

In Chapters IX and X are given hemorrhage, wounds, burns, skin-grafting, frost-bite, furuncle, carbuncle, ulcers, and gangrene.

Bandaging is given in Chapter XI, and Chapter XII is devoted entirely to amputations.

Chapters XIII, XIV, and XV, deal with lymphatic vessels and glands, veins, arteries, aneurisms, and ligation of vessels.

In Chapters XVI and XVII are given the lesions of the bones and joints, and the various operative measures for their correction.

The Chapters from XVIII to XXIX inclusive, are devoted to regional surgery, and in that portion of this section in which the abdomen

is considered, many important changes have been made, and much new matter added.

Chapter XXX takes up deformities and their correction, while the final chapter (XXXI) is devoted to the subject of tumors.

From this you see the scope and contents of the work. It contains a very great deal more than some other one volume surgeries. Therefore, it is a most excellent work for the general practitioner, who does not have a complete surgical library at hand. At the same time, the elementary pages added to this edition, and the distinct descriptive style, and the abundance of illustrations, all of the most modern type, make of this work an excellent text-book for the student or undergraduate. While it does not contain all the operations and methods of the present day, altogether it is one of the best works of the day on surgery. It is a standard work in *fact*, and no one need hesitate, either in its purchase or in following its methods.

CONVERSATIONS ON ANIMAL LIFE: For Young Folks (Semi-scientific).
By Andrew Jackson Howe, A. M., M. D. Cincinnati: The
Scudder Brothers Co. Price \$1.50.

Not long since attention was directed in this journal to other occupations engaged in by physicians than that of their own professional work, and mention made among others of Dr. A. J. Howe, of this city, as a naturalist. About that time there was in press a little posthumous volume by Dr. Howe with the above title. The book is written in conversational style, and very much reminds the writer of the natural home life of the family, where the children are watchful of and for opportunity to ask their elders "to tell them a story." Nothing so interests the young as to tell them a story. This Dr. Howe does in ways which are not only attractive, but full of instruction. He tells them of birds, insects and animals in a manner and style that is immediately captivating. The book is full of pictures, drawn by the author, and as works of art are excellent, here serving as object-lessons. While the growing child naturally takes to pictures and stories, it is rare indeed that there is so happy a combination as may be found in this little book of 363 pages, and yet more rare when the pictures and stories are so artfully arranged as to not only fascinate, but be the means of affording instruction. The children take to them, but in this the conditions are quite similar to those observed when the father, or perhaps grandfather, finds it educational to the youngsters to take them to the Zoo, the traveling menagerie and circus. The children just have to go, and the make-believe resistance on the part of their seniors is exceedingly superficial. Children like such books, and, to tell the truth, they are equally well liked by the parents. Nearly all physicians are interested in animal life, and it is just the thing for them to do to secure a copy of this book, tell the book-seller it is for the little folks at home, and then go home and

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The highest type of Fluid Medicines.

A Novelty—In What?

In the recognition of the fact that certain drugs, containing volatile constituents upon which their therapeutic value depends, lose their medicinal properties in the process of drying, or through long or imperfect storage.

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We use the *green or fresh root, bark or plant*, gathered especially for us when in their prime.

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They are clean.

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They are easily dispensed.

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Old, shop-worn or worm-eaten drugs, however carefully manipulated, will not yield a satisfactory product, and when made with weak alcohol and water, or with wood spirit as a menstruum, is it any wonder that commercial Fluid Extracts, as a class are termed by a leading medical writer—the “Great American Fraud?”

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Merrell's Fluid Extracts from fresh, choice drugs are powerful instruments for good in the hands of the observant physician.

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This preparation contains all the active medicinal constituents of *Passiflora incarnata* in a concentrated form, and is the result of an extended investigation in our laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles invariably present in the ordinary preparations of the market.

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Is a valuable adjunct to the treatment of nervous affections attended with congestion of the cord and ganglionic centers. As a soporific without narcotic action, and as an anti-spasmodic and anti-neuralgic, it is without an equal. Its action is between that of morphine and chloral hydrate, but it does not depress the system nor derange the stomach. It is devoid of danger, non-poisonous, and may be given in any case where sleep is needed. It is the remedy, *par excellence*, in infantile convulsions, in diarrhoea of children, and in nervous affections of the aged and infirm. In nervous or sick headache, neuralgia of the fifth pair of nerves, in sleeplessness of typhoid and other fevers, as well as from overwork so common among professional and business men, it will produce a quiet and dreamless sleep, and at the same time prove a permanent tonic to the nervous system.

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Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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May be ordered of our New York office, No. 96 Maiden Lane, of Geo. C. Goodwin & Co., Boston, and the home office in Cincinnati. In ordering or prescribing, please specify

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read it all through from first to last page, perhaps out loud—to the children, of course.—*Editorial Lancet-Clinic.*

The foregoing book review, concerning "Conversations on Animal Life," recently published by Mrs. Howe, credits both the talented author who wrote the book, and the courteous gentleman who wrote the review. The writer of this note can well remember when, to say the least, it would have been out of place for the editor of a conspicuous medical journal of the Regular profession to have said a kind word in print concerning any work that came from a member of the Eclectic school, howsoever talented the author may have been. In taking so dignified and independent a stand, Dr. Culbertson has again thrown his influence in favor of true ethics and has shown his associates no discredit in doing so. The writer hopes (and he uses the word *hopes* in its true sense) that the day will speedily come when side by side, the various schools of medicine will march onward, contributing each, as each should do, to humanity's cause. As the narrow path may parallel the broad road, so may the minority in medicine walk in a separate path from that traveled by the majority and yet each serve a wise purpose in a general cause. That many talented men prefer to be in the minority is evidenced by the records both of science and of society; that many unprincipled people prefer to cast their lot with the majority is also true, but these facts do not prove that the aims of the one are all wrong, or those of the other all right. As long as the practice of medicine is in its present experimental condition, as long as its leaders are searching for law and science in connection with the practice of medicine, so long will there be room for those who, though moving in different paths, are making independent progress and are contributing alike to the good of all.

The writer touches this matter by request, but does so willingly and earnestly. He presumes again to congratulate Dr. Culbertson on his frankness in paying a compliment to one whom in life the author held in the highest esteem and whose memory he reverences. J. U. L.

THE YEAR-BOOK OF TREATMENT FOR 1898. A Critical Review for Practitioners of Medicine and Surgery. Crown octavo, 488 pages, cloth, \$1.50. Philadelphia: Lea Brothers & Co. For sale by Scudder Brothers Co., Cincinnati.

Fourteen successive annual issues of this Year-Book is of itself a sufficient recommendation. No medical practitioner, either general or special, can well afford to be without it. The entire domain of practical medicine is covered in a series of twenty-five chapters, each the product of a recognized authority—a specialist—who gives in full detail all that is new, tried, and true, with a critical statement of the comparative value and applicability of the various drugs, formulæ, and methods of treatment. Frequently new literature and new instruments are discussed or noted under their respective lines.

The work is systematically arranged and well indexed. It is a ready reference book of the greatest convenience and reliability. The physician who is in active practice should have the benefit of this work. It will assist him in keeping up to date; and to the doctor who is endeavoring to collect a library, as well as to get for practical purposes all that is new, this book must prove of great value, as in it he will find a critical and trustworthy epitome of the year's progress, and a connected view of the advance of practical medicine. For any purpose the value of the work by far exceeds its modest price. The doctor who takes fifteen or twenty of the best journals, and besides spends several hundred dollars for new books, and has ample time to read them all, does not need a year book. Every other one does. It is predigested mental pabulum, and all that it needs is absorption.

W. E. B.

ILLUSTRATED SKIN DISEASES. An Atlas and Text Book. By Wm. S. Gottheil, M. D. New York: E. B. Treat & Co.

This work is to be issued in quarto portfolios, each comprising 24 pages of text and four plates reproduced in colors by a new photographic process. The work will be completed in twelve or thirteen parts; price per part \$1.00.

Parts I, II, and III are before us, and for beauty of style and execution they are master-pieces. The text is clear, concise, and practical. The illustrations are so distinct and vivid as to bring before the eye the disease as it would appear if actually before one for examination. The work promises to be one of the most valuable contributions to dermatology made in recent years.

R. L. T.

ATLAS OF METHODS OF CLINICAL INVESTIGATION, with an Epitome of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases. By Dr. Christfried Jakob, formerly First Assistant in the Medical Clinic in Erlangen. Authorized Translation from the German. Edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. With 182 Colored Illustrations, 68 Plates, and 64 Illustrations in the Text. 260 pp. Cloth. Price \$3.00 net. W. B. Saunders, Phila.

This is the first of the world-famous Lehman medical hand-atlases to be reproduced in English. Six others are in preparation by Mr. Saunders and will be ready soon. For scientific accuracy, pictorial beauty, compactness, and cheapness, these books surpass any similar volumes ever published. The colored plates have been executed by the most skilful German lithographers, in some cases twenty or more impressions being required to obtain the desired result. There is a full and appropriate description of each plate (printed, for convenience, opposite the plate), together with a condensed outline of the subject to which the book is devoted.

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EDITORIAL FROM E. M. JOURNAL.

ASEPSIN SOAP.

MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of alkalis and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit. Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of thush poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges, and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

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At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

R. W. CHALFANT, M. D., Bellfontaine, O.

Have been using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge, N. Y.

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A. P. STEWART, M. D., Stewarttown, W. Va.

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ating the value of such colored plates, the profession has heretofore been practically debarred from purchasing similar works because of their extremely high price, made necessary by the limited sale and the enormous expense of production. The very low price of these Atlases will place them within the reach of even the novice in practice. However, the value of this work is both in its illustrations and in its text. Although simply an outline it is valuable in directing one toward a diagnosis. It is not all pathology, nor all diagnosis. A very great number of works on these subjects are too prolix for every day use. They endeavor to cover the whole ground, and the ordinary everyday doctor is swamped before he finds that for which he is in search. We know of nothing the equal of this book in illustration, and in outline pathology and diagnosis. In the first part are to be found plates and descriptions of clinical microscopy and chemic color reactions, comprising 22 plates. In part two, normal projections of the viscera and percutory topography; schematic of diseases of lungs and heart, and diagrammatic representation of abdominal diseases. "For the text of the Epitome, or second part of the work, supplementary to the plates, the principle seemed sufficient that a portion of our diagnostic knowledge could with advantage be drawn from a concisely arranged compendium; never, however, therapeutic modes of procedure; for the latter the more elaborate text-book will be required." The therapeutics are strictly German.

W. E. B.

A TEXT BOOK ON ORTHOPEDIC SURGERY. By E. J. Farnum, M. D., Professor of Orthopedic Surgery and Clinical Surgery in Bennett Medical College, etc. Assisted by Edwin Freeman, M. D., Professor of Didactic Surgery in the Eclectic Medical Institute; also by Edwin Younkin, M. D., Professor of Surgery in the American Medical College. Profusely illustrated. Published by Chicago Medical Book Co. 530 pages, price \$5.00. For sale by Scudder Brothers Co., Cincinnati.

This book has been written as a text-book for advanced students, and a helpful work for the busy practitioner, and is presented to the medical profession by Prof. Farnum, who has had a large experience for many years in the care and treatment of the different lesions comprehended in such a magnificent work on orthopedic surgery. The routine followed by this author in each deformity is as follows: Definition, synonyms, morbid anatomy or pathology, symptoms, diagnosis, prognosis, and treatment.

The author has used at all times that conservative position in his treatment of deformities, which makes his work very valuable and safe indeed for those to follow who have from necessity had a less experience in the treatment of deformities. I shall heartily commend, without reservation, this work of Prof. Farnum, to the medical profession; and it will surely be appreciated, more especially by our people and the different colleges of this country.

In the treatment of curvature of the spine, I should have been better pleased had Prof. Farnum, in giving the different methods of dealing with these spinal deformities, made use of the last method, that of forcible reduction or correction of the deformity, with the patient under the influence of an anæsthetic. I presume on account of his conservatism, he has omitted this method, which was first recommended by Dr. A. Chipault, of Paris, in September, 1893.

To be sure, there must, of necessity, be more or less danger of an occasional paralysis, or fatal termination, in cases not well selected, from this forcible breaking up of adhesions, and correction and absolute immobilization of the curved spine. And yet, when we take into consideration the betterment of those badly deformed people, even though a case should by chance prove fatal, I believe the future will sanction this method of dealing with Potts' disease. L. E. R.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index. A Work of Reference for Medical Practitioners. 1898. Sixteenth year. E. B. Treat & Co., New York. Price \$3.00.

This book comes to us this year in the same shape and form as in former years. Glancing over the list of collaborators, we find the names of many familiar to us as writers and workers in the profession.

In reading the first section, "New Remedies," a section which is always of interest, we find our old friend, *Phytolacca decandra*, mentioned as useful, and able to abort, if used in time, puerperal mastitis, and as a good remedy in quinsy. We wonder why the ghost of the reformers in medicine does not haunt some of our neighbors.

On page 58, *Senecio vulgaris* is recommended in functional amenorrhea. This is another old timer. The work contains many references of value to the busy practitioner, and the illustrations are timely and good. It is well bound and substantial, and is always of value to the student. W. N. M.

SAW PALMETTO: Its History, Botany, Chemistry, Pharmacology, Proving, Clinical Experience, and Therapeutic Applications. By Edwin M. Hale, M. D. 16mo, 96 pages, cloth, 50c. Boericke & Tafel, publishers, Philadelphia.

This neat monograph of 96 pages is the most complete paper yet published on the subject of Saw Palmetto. The title page gives its scope. Prof. Hale has given, in addition to therapy, a historical treatise on the plant, in which occurs very interesting biographical notes concerning John and William Bartram, the early botanical explorers of Florida.

Both the author and publisher deserve credit for this addition to our materia medica literature, which the reviewer not only has placed in his library for reference, but which he advises physicians and pharmacists to procure. J. C. L.



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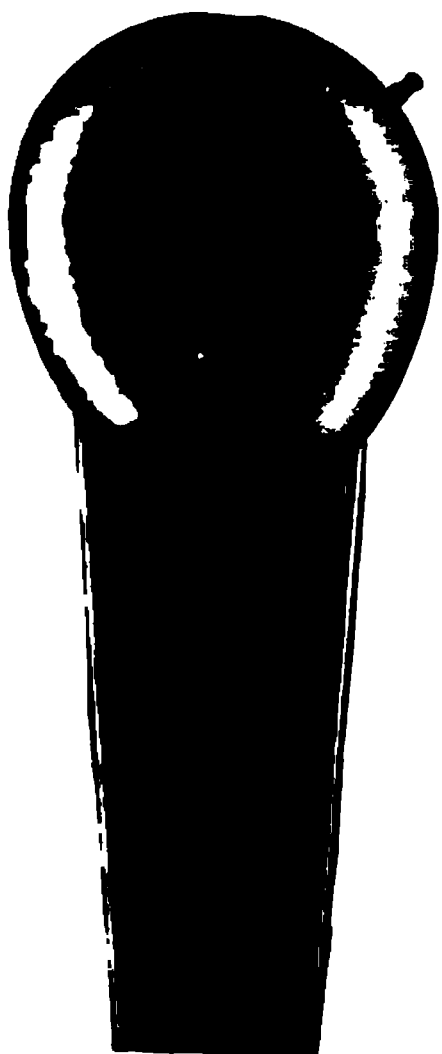
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A COMPENDIUM OF INSANITY. By John B. Chapin, M.D., LL.D.,
Physician in Chief to Pennsylvania Hospital for the Insane, etc.
Published by W. B. Saunders, Philadelphia. Price \$1.25 net.

Doctor Chapin has given to the profession a condensed and practical little book of 234 pages, divided into twenty six chapters. The subject of mental disease is fairly well covered; much is said and well said in small space. Modern ideas as to pathology, treatment and management of the insane have received able consideration. The publisher also deserves credit for his part of the work. B. M.

SCRIBNER'S MAGAZINE. Monthly. Charles Scribner's Sons, New York.

The April Scribner's is a spring number, with a beautiful cover in eight colors—one of four prize designs by Albert Herter, which are to be used on special numbers this year. Each number of Scribner's for 1898 has marked the beginning of a new feature. In January, Senator Lodge's "Story of the Revolution" and Page's "Red Rock" began: in February, Captain Mahan's first paper on Naval Episodes of the Revolution; in March, Mr. Wyckoff's new series of his experiences among "The Workers;" and in the current issue for April, the feature is the first part of Richard Harding Davis' short serial, "The King's Jackal." This is the dramatic tale of an exiled king, and the action takes place at Tangier in the space of thirty-six hours. It contains some very good comedy scenes, and the characters are of that cosmopolitan cleverness that Mr. Davis delights to depict. A beautiful American heiress is the heroine, and a newspaper correspondent is the real hero. Mr. Gibson will make a full page drawing for each of the four parts of the story.

THE LIVING AGE. Published weekly by the Living Age Co., Boston.
\$6.00 per annum.

"No one who is interested in the best contemporary French literature can afford to miss the series of sketches and stories by Paul Bourget, which began in the Living Age for April 2. These sketches have been but recently published in France, and this is their first appearance in English dress. They are translated for the Living Age by William Marchant. They are extremely clever and characteristic."

LEA BROTHERS & COMPANY, of Philadelphia, announce for early publication the following books by eminent authorities:

A Manual of Otology, by Gorham Bacon, M. D.

The Treatment of Surgical Patients before and after Operation, by Samuel M. Brickner, M. D.

A Text-book of Dental Pathology, Therapeutics, and Pharmacology, by Henry H. Burchard, D. D. S.

The Principles of Treatment, by J. Mitchell Bruce, M. D.

Diseases of the Nose, Throat, Naso-Pharynx, and Trachea, by Cornelius G. Coakley, M. D.

- Diseases of Women, by Francis H. Davenport, M. D.
A Treatise on Gynæcology, by E. C. Dudley, M. D.
A Text-book of Anatomy, by Frederick H. Gerrish, M. D.
Manual of Skin Diseases, by W. A. Hardaway, M. D.
The Principles and Practice of Obstetrics, by Charles Jewett, M.D.
-

COLLEGE AND SOCIETY NOTICES.

ARRANGEMENTS FOR THE MEETING AT OMAHA OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, JUNE 21-23, 1898.

RAILROADS.—After due deliberation and consultation, it has been decided to use the Chicago, Milwaukee, and St. Paul Railway for transportation from Chicago to Omaha and return. Its railway facilities and rolling stock are of a high grade and first-class in every particular, and it is earnestly hoped that as many as possible will make their plans to concentrate at Chicago, and travel together, or else join the official party *en route*. We shall leave Chicago on Monday, June 20th, at 6:15 p. m., and all persons desiring sleeping berths are requested to apply for such accommodations to the Corresponding Secretary, who will reserve berths in order of application. Such berths will be paid for in Chicago at the C. M. & St. P. railway station on the day of departure.

RATES.—The rates, in all probability, will be one fare, good from the opening to the closing of the Exposition. This rate applies to all those residing in territory of the Western Passenger Association. It is expected that those who reside outside of that territory will pay a one and one third fare to the boundary of the Western Passenger Association, and then buy a Ticket at the one fare rate. These tickets can be bought at all ticket offices, and may be used in returning until Nov. 1st. There is a possibility that a reduced rate may be made, especially for conventions, with a time limit. If so, particulars will be published as early as possible.

HOTEL HEADQUARTERS.—The "Millard," corner of 17th and Douglas streets, has been selected as the headquarters of the Convention. It is first-class in every respect. In view of the fact that many members might desire to obtain meals at different places and hours, it has been deemed advisable to secure rooms on the European plan, and these can be obtained at prices varying from \$1.00 to \$2.50 per day. The method by which such rooms may be secured in advance will be concisely set forth in a circular, which will be mailed by the Corresponding Secretary at an early date.

PLACE OF MEETING.—Our sessions will be held, by the courtesy of the Commercial Club of Omaha, in the spacious building of that thrifty and progressive association.

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June 21, 22, and 23, 1898.

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For particulars address

GEO. H. HEAFFORD, G. P. A., Chicago, Ill.

Or **ROBT. C. JONES, T. P. A., Carew Building,**

Cincinnati, O.

BANQUET AND RECEPTION.—On Tuesday evening, June 21st, a banquet and reception will be held, the full details of which will be announced in the June Journals, and at the same time arrangements concerning admission to the Exposition.

PITTS EDWIN HOWES, M. D., Cor. Sec'y., Station S., Boston.

MEETING OF THE OHIO ECLECTIC MEDICAL ASSOCIATION.—After a long and affectionate attachment to Put in-Bay the Association decided, at the last meeting, to hold the next one in Columbus, believing that by reason of its central location and exceptional railroad facilities, a larger attendance than usual would be obtained and a greater interest in the meeting insured.

Judging from the large number who have expressed their intention of being present, both of these objects are practically assured, and we can promise you, as the chief attraction, a well attended and interesting meeting. In addition we have a few other attractions which should not be overlooked. First, a pilgrimage to Worthington, the birth-place of eclecticism in the west, a most delightful ten mile ride on the electric cars, and an interesting session there on the 18th. Second, on the evening of the 18th a most interesting illustrated lecture on Prof. John Uri Lloyd's remarkable and fascinating book, *Etidorhpa*, will be delivered by Mrs. Laura I. Aldrich, of Cincinnati. This lecture will be tendered complimentary to the members of the State Association and their friends by the Central Ohio Ec. Med. Society. Third, the headquarters of the Association will be at the magnificent new Great Southern Hotel, at which special rates and concessions have been obtained.

With such attractions as these every eclectic in Ohio should *want* to be present. Moreover, since our allopathic and homeopathic friends will have their State meetings here in May also, it is especially desirable that we make a good showing on this occasion; hence, every eclectic should determine to be present. Railroad rates will be announced in printed circular. Fraternally yours,

A. P. TAYLOR, M. D., President, Columbus.

F. O. WILLIAMS, M. D., Corresponding Secretary, Columbus.

The Commencement Exercises of the Eclectic Medical College of the City of New York were held Wednesday, April 20. The State Society met in New York City, April 20 and 21. The brethren had the usual love feast and jolly good time. Eclecticism in New York is booming.

We see in the Springfield (Ill.) Journal of March 24th, that our friend, Dr. Henry Wohlgemuth, "The Dean of the Profession," in that city, read an interesting paper upon "The Early History of the Practice of Medicine in Springfield," before the Allopathic Medical Society. A banquet followed. Dr. W. has practiced in Springfield

for fifty-two years, and is thoroughly familiar with the medical history and medical men of that vicinity, and in fact of the State. He is the oldest Eclectic practitioner in Illinois, and is full of honor. He has held places of trust galore. We congratulate Dr. W., the city of Springfield, and the City Medical Society.

PERSONALS.

Dr. J. C. Powers is doing a very pleasant business at Dows, Iowa.

Dr. F. M. King, E. M. I. '94, does well, as always, at Damascus, O.

Dr. L. B. Laws, Amer. Med. Coll., '81, is doing well at Simmons, Mo.

Dr. M. H. Logan, Cal. Med. Coll., '81, formerly at 101 Grant Av., is now at No. 10 Geary St., San Francisco, Cal.

Dr. C. P. Hockett, formerly of Stryker, O., is now doing well at Koutz, Ind.

Dr. F. N. Morton, E. M. I. '81, is solidly settled at Little Cooley, Penn.

Dr. G. E. Lingle, E. M. I. '93, is hustling along at a two-minute gait at Green Camp, O.

Dr. E. H. Rogers, E. M. I. '89, continues to do finely, as he always deserves to do, at Bloomer, Wis.

Dr. Wm. Albright, E. M. I. '91, continues to do well at Allegan, Mich.

Dr. S. T. Pulliam, E. M. I. '97, since his marriage, as noticed last month, has joined in business with his father at Crowley, La.

Dr. Howard Burns, E. M. I. '93, is still "whooping 'em up" at Carrollton, Ill. He has quite a business in surgery.

Dr. O. E. Tillson, E. M. I. '62, continues to flourish at West Alexandria, O.

Dr. C. L. Harding, E. M. I. '96, is pleasantly grounded at Bellevue, O.

Dr. F. C. Hunter, E. M. I. '72, enjoys a good practice and a good drug business at Wapakoneta, O. His son is now at the E. M. I.

Dr. Geo. M. Burroughs, formerly at Bridgeport, Conn., is now doing nicely at Madison, Conn.

Dr. W. T. Ray, E. M. I. '97, is now happy and handsome at Hansom, O. T.

Dr. L. A. Perce, E. M. I. '82, of Bucyrus, recently visited Cincinnati and the old E. M. I.

Dr. T. F. Scott, E. M. I. '91, is on the top at Lynchburg, O. He visits his alma mater occasionally.

Dr. H. L. Henderson, Amer. Med. Coll. '88, has matters medical his own way at Astoria, Wash.

Doctor, if you are looking for an Indiana location, inclose a stamp to Dr. M. F. Baldwin, E. M. I. '84, of Converse.

ECLECTIC MEDICAL SOCIETIES.

We will esteem it a great favor if an officer in any Eclectic Medical Society auxiliary to the National Eclectic Medical Association will send us a corrected list of officers, when new officers have been elected or will call our attention to any errors in this list. We desire also the names of Eclectics on the different state Boards.

NATIONAL.—Officers: President, E. J. Farnum, M. D., Chicago, Ill.; vice-presidents, David Williams, M. D., Columbus, Ohio; T. J. McClanahan, M. D., Boonville, Mo.; W. L. Marks, M. D., Grand Rapids, Mich.; treasurer, W. T. Gemmill, M. D., Forest, Ohio; recording secretary, W. E. Kinnett, M. D., Yorkville, Ill.; corresponding secretary, Pitts Edwin Howes, M. D., Station 8, Boston, Mass. Next meeting at Omaha, Neb., June 21-23, '98.

ARIZONA.—Eclectic on Board—C. W. Woods, M. D., Jerome.

ARKANSAS.—Officers: president, J. W. Tibbles, M. D., Grange; 1st vice-president, C. E. Pierce, M. D., Little Rock; 2nd vice-president, W. M. Allison, M. D., Bee Branch; treasurer, W. S. May, M. D., Gurdou; recording and corresponding secretary, J. C. Huntley, M. D., Paris; secretary State Board, R. G. Jennings, M. D., Little Rock. Next meeting at Little Rock, April 20-22, '98.

CALIFORNIA.—Officers: President, R. W. Musgrave, Ph. B., M. D., Hanford; 1st vice-president, E. H. Mattner, A. M., M. D., 505 Van Ness Ave., San Francisco; 2nd vice president, F. V. Wall, M. D., Valley Springs; treasurer, H. W. Hunsaker, M. D., 114 Geary street, San Francisco; recording secretary, B. Stetson, M. D., Central Bank Bldg., Oakland; corresponding secretary, J. C. Bainbridge, M. D., 738 Haight street, San Francisco; secretary state Board of eclectic examiners, Geo. G. Gere, M. D., 127 Geary street, San Francisco. Next meeting—Sacramento, May 18.

COLORADO.—Officers: President, E. Hungerford, M. D., Denver; 1st vice-president, A. Coleman, M. D., Denver; treasurer and secretary, T. W. Miles, M. D., Denver; secretary State Board, T. A. Hughes, M. D., Denver. Eclectic member, T. W. Miles, Denver. Next meeting June 7th, at Denver.

CONNECTICUT.—Officers: President, Wm. L. Adams, Hazardville; 1st vice president, G. W. H. Williams, M. D., Grosvenordale; treasurer, Le Roy A. Smith, M. D., Higganum; recording secretary and corresponding secretary, Geo. A. Faber, Waterbury; eclectic on Board, L. Bailey, Middletown, and others. Next meeting

DISTRICT OF COLUMBIA.—Eclectic Board, Dr. Thos. Robinson, 1415 P street, N. W., Washington, and others.

GEORGIA.—Officers: President, F. T. Powell, M. D., Atlanta; secretary, W. M. Durham, M. D., Atlanta; treasurer, E. H. Green, M. D., Meets at Atlanta March 31 and April 1. Eclectic on State Board, W. V. Robertson, Atlanta, and others.

IDAHO.—Eclectics on State Board are Dr. J. W. Turner, Cottonwood, and Dr. J. R. Numbers, Weiser.

ILLINOIS.—Officers: President, E. J. Farnum, M. D., Chicago; 1st vice-president, F. E. Graves, M. D., Hinckley; 2nd vice president, Jessie G. Forrester, M. D., Chicago; recording secretary, W. E. Kinnett, M. D., Yorkville; treasurer, Susan K. Whitford, M. D., Elgin; corresponding secretary, L. D. Foreman, M. D., Waverly. J. A. Fagan, secretary State Board, Springfield. Next meeting at Mt. Vernon, May 18 and 19, '98. Eclectic on Board—R. F. Bennett, M. D., Litchfield.

INDIANA.—Officers: President R. M. Howe, M. D., Edinburg; vice-president, R. A. Bunch, M. D., Muncie; treasurer, A. F. Teague, M. D., Indianapolis; recording secretary, Wm. P. Best, M. D., Dublin; corresponding secretary, C. G. Winter, M. D., 40 E. Ohio street, Indianapolis. Eclectic member and also secretary State Board, Wm. F. Curryer, M. D., Indianapolis. Next meeting May —, '98, at Muncie.

IOWA.—Officers: President, B. T. Gadd, Mitchellville; vice-president, Thos. Garth, M. D., Clarion; treasurer, E. H. Harris, Grinnell; recording secretary, E. D. Wiley, Des Moines; corresponding secretary P. F. Price, M. D., Milo; secretary State Board, J. F. Kennedy, Des Moines. Eclectic member, J. A. McKlveen, Chariton. Next meeting at Des Moines, May 4-5, '98.

KANSAS.—Officers: President, Thos. Kirk, Jr., M. D., Burr Oak; 1st vice-president, J. J. Entz, M. D., Hillsboro; 2nd vice-president, J. B. Manley, M. D., Quenemo; treasurer, W. C. Hamilton, M. D., 527 Quincy street, Topeka; recording and corresponding secretary, E. B. Packer, M. D., Osage City, Kas; secretary State Board, H. C. Gill, M. D., Topeka. Eclectic on Board, E. M. Hoover, Halstead. Next meeting at Topeka, May 4, 5 and 6, '98.

KENTUCKY.—Officers: President, George T. Fuller, Lowes; 1st vice-president, A. A. Higgs, Glenville; 2nd vice-president, B. Flint, Folsomdale; recording secretary, Geo. W. Brown, Newport; corresponding secretary, W. R. Kuble, Mayfield; treasurer, R. T. Rudd, Fulton. Next meeting at Bowling Green, in October, 1898. Secretary State Board, J. N. McCormack, Bowling Green.

MAINE.—Officers: President, Henry Reny, M. D., Biddeford; vice-president Geo. A. Weeks, M. D., Richmond; treasurer, Theophilus J. Batchelder, M. D., Machias; recording secretary, Josiah Lister Wright, M. D., Durham; corresponding secretary, Wm. C. Hatch, M. D., New Sharon; secretary Board, K. E. Meseroe, M. D., Portland. Next annual meeting at Portland, May 24-25, '98. Eclectic on Board

MASSACHUSETTS.—Officers: President, Darius L. Powe, M. D., Providence, R. I.; vice-president, Nathan L. Allen, M. D., Boston; treasurer, E. Edwin Spencer, M. D., Cambridge; recording secretary, Pitts Edwin Howes, M. D., Station S; corresponding secretary, A. J. McCrea, M. D., Southbridge; Next annual meeting will be held June 2, '98, at Boston. Eclectic members on Board, C. E. Miles, Boston, and A. L. Chase, of Randolph.

MICHIGAN.—Officers: President, J. C. Lampman, Hastings; 1st vice-president, J. Lamoignon, M. D., Lansing; 2nd vice president, Chas McLachlan, M. D., Elwell; 3rd vice-president, A. B. Way, M. D., Elsie; treasurer, L. A. Howard, M. D., Litchfield; secretary E. M. Conklin, M. D., Manchester; secretary State Board, H. B. Baker, M. D., Lansing. Next annual meeting at Grand Rapids, May 11.

MISSOURI.—Officers: President, J. T. McClanahan, M. D., Booneville; vice-president, G. D. Walker, M. D., Olean; treasurer, M. A. Vorbeck, M. D., St. Louis; recording secretary W. K. Smith, M. D., Catawissa; corresponding secretary, E. Lee Standlee, M. D., St. Louis; eclectics on State Board, E. L. Standlee, St. Louis, and J. T. McClanahan, Booneville. Next meeting Kansas City, June 17-18 '98.

NEBRASKA.—Officers: President, O. M. Moore, M. D., York; 1st vice president, W. S. Yager, M. D., Omaha; 2nd vice-president, A. Opperman, M. D., Auburn; 3rd vice-president, C. H. Rush, M. D., Republican City; treasurer, J. D. Howard, M. D., Harvard; secretary, F. L. Wilmuth, M. D., Eagle; eclectic on Board, H. B. Cummins, Seward. Next annual meeting at Omaha, June 19-20, '98.

NEW HAMPSHIRE.—Officers: President, H. L. Gerald, M. D., Belmont; 1st vice president, E. C. Chase, M. D., Orford; 2nd vice-president, E. H. Hildreth, M. D., Bethlehem; treasurer, W. H. True, Laconia; secretary, W. H. True, Laconia; secretary State Board Irving A. Watson, M. D., Eclectic on Board, W. H. True, M. D., Laconia, and others. Next meeting Laconia June 29.

NEW ENGLAND.—Officers: President, Theophilus J. Batchelder, M. D., Machias, Maine; vice-president, Stephen B. Munn, M. D., Waterbury, Conn; second vice-president, Percy L. Templeton, M. D., Montpelier, Vt; third vice-president, Hoit E. Hunt, M. D., Hinesburg, Vt.; recording secretary, Wm C. Hatch, M. D., New Sharon Maine; assistant recording secretary, S. A. Blodgett, M. D., Newbury, Vt.; co. responding secretary, treasurer and librarian, Herschel N. Waite, M. D., Johnson, Vt. The next meeting of the association will be held in Portland, Me., May 25, 26, 27, '98.

NEW JERSEY. Officers: President, D. P. Borden, M. D., Patterson; vice-president, G. Edward Potter, M. D., Newark; treasurer, Anna T. Nivison, Newark; secretary, Amanda W. Taft, M. D., Newark. Eclectic on State Board, Dr. D. B. Borden, Patterson. Next meeting at Newark, May 12, '98.

NEW MEXICO.—G. S. Easterday, M. D., Albuquerque, eclectic member of Board.

NEW YORK.—Officers: President, I. J. Whitney, M. D., Unadilla; vice-president, D. A. Chase, M. D., Albany; treasurer, L. E. Horton, M. D., Avoca; recording secretary, S. A. Hardy, M. D., New York; corresponding secretary, E. B. Foote, M. D., New York; secretary Eclectic State Board, A. R. Tiel, M. D., Mattewan. Next meeting April 20th, in Carnegie Hall.

OHIO.—Officers: President, A. P. Taylor, M. D., Columbus; 1st vice-president, A. S. McKittrick, M. D., Kenton; 2nd vice-president, F. W. Schneerer, M. D., Norwalk; treasurer, R. C. Wintermute, M. D., Cincinnati; recording secretary, W. S. Turner, M. D., Waynesfield; corresponding secretary, F. O. Williams, M. D., Columbus; secretary State Board med., reg., Frank Winders, Columbus; eclectic member, D. Williams, Columbus. Next meeting, Columbus, May 17-19, '98.

OREGON.—Officers: President, R. O. Loggan, M. D., Philomath; 1st vice-president, H. E. Currey, M. D., Baker City; 2nd vice president, James Surman, M. D., Portland; treasurer George W. McConnell, M. D., Newberg; recording secretary, W. S. Mott, M. D., Salem; corresponding secretary, J. M. Cain, M. D., Halsey; secretary State Board, Byron W. Miller, M. D., Portland; eclectic member, ——. Next meeting, ——.

PENNSYLVANIA —Officers: President, Wood Fulton, M. D., New Castle; 1st vice-president, Winter O. Keffer, M. D., Coalport; 2nd vice-president, J. S. Dodge, M. D., Pittsburg; treasurer, J. R. Bangert, M. D., Shippensburg; recording secretary, John Kaye, M. D., Philadelphia; corresponding secretary, C. E. Spicer, M. D., Titusville; M. A. Kirk, M. D., Bellfonte and others, eclectics on Board. Next meeting at Harrisburg, June 15-16, '98.

TENNESSEE —Officers: President, A. Fowler, M. D., Union City; 1st vice-president, J. L. Jones, M. D., Only; 2nd vice-president, A. B. Young, M. D., Brownsville; treasurer, J. O. Cummins, M. D., Isom; recording secretary, T. E. Halbert, M. D., Nashville; corresponding secretary, E. M. Shephard, M. D., Granville; eclectic member of Board, W. H. Halbert, Nashville. Next meeting, Nashville, May 11 and 12, '98.

TEXAS.—Officers: President, T. J. Wells, Huchalay; treasurer, J. H. Mitchell, M. D., Dallas; recording secretary, L. S. Downs, M. D., Galveston; secretary, Chas. Dowdell, M. D., Ennis. Next meeting at Dallas, October 18, '98.

UTAH.—Officers: President, A. L. Davidson, M. D., Mt. Pleasant (removed); 1st vice-president, R. A. Hasbrouck, M. D., Salt Lake City; treasurer, J. W. Taylor, M. D., Salt Lake City; secretary, J. T. Taylor, M. D., Salt Lake City; eclectic member, B. Stringham, Bountiful.

WASHINGTON.—Officers: President, L. C. Whitford, M. D., Seattle; 1st vice-president, D. T. Richards, Kirkland; 2nd vice-president, W. M. Smith, Montesano; treasurer, Frank Brooks, M. D., Seattle; recording and corresponding secretary, R. L. Chase, M. D., Edmonds; eclectic member, J. H. Hoxsey, M. D., Spangle. Next meeting at Tacoma, Sept. 21, '98.

WEST VIRGINIA.—Officers: President, L. S. Riggs, Wheeling; 1st vice-president, W. F. Crow, Glen Easton; 2nd vice-president, W. D. Cline, Williamstown; recording secretary and treasurer, Mary Baron-Monroe, M. D., Wheeling; corresponding secretary, L. N. Yost, Fairmont. Meets at Fairmont, May 3 and 4, '98.

WISCONSIN.—Officers: President, C. E. Cole, M. D., Prairie du Chien; 1st vice-president, G. R. Hill, M. D., Kendall; 2nd vice-president, Mary Montgomery, M. D.; secretary, W. A. Pratt, M. D., Augusta; corresponding secretary, P. G. Hankwitz, Milwaukee; treasurer, I. F. Stillman, M. D., Kilbourne City; eclectic members of State Board Med. Ex., C. E. Quigg, Tomah, and H. M. Ludwig, Richland Centre. Next meeting at Milwaukee, May 24-27, '98.

For an excellent opening—we know of no better—write Dr. H. H. Blankmeyer, of Portsmouth, O. A railroad town and no doctor.

Dr. John Cooper, E. M. I. '70, is still valiantly leading the fight for right at Des Moines, Ia. He is a steady yeoman.

Dr. A. J. Jameson, of Pennsboro, W. Va., can locate a good live Eclectic where he can make \$1000 the first year. Write him.

Dr. Edwin Scott, E. M. I. '84, continues to do nicely on Lagrange Street, Toledo, O.

Dr. R. W. Campbell, of Fort Recovery, O., can locate a man in an excellent place. The business is established, and it is a good one. Address him with stamp.

Dr. E. R. Baldridge, E. M. I. '97, is in business with his father at Coxville, Ind. Dr. E. R. is surgeon to the Brazil Block Coal Co. and for the Coxville Glass Sand Co. We congratulate all parties.

Dr. M. E. Mosher, E. M. I. '77, of Havana, Ill., can direct an Eclectic who has a hundred dollars to invest to a veritable Klondike practice. Write him.

Dr. G. W. Isaacs, E. M. I. '91, is happy at Woodstock, Ky. He has been a U. S. Pension Examiner and examiner for the New York Life for two years.

Dr. J. M. Baker, E. M. I. '92, is "still disseminating the principles of American medicine, American religion and American politics" at Chestnut, Ill. He is out and out an American. Shake hands, old boy.

Dr. Max A. Maas, E. M. I. '97, has been appointed to the position of Assistant in one of the general hospitals of Berlin. After studying for twelve months longer, he expects to return to the United States to practice.

Gov. Mount of Indiana has re appointed Dr. Wm. A. Spurgeon of Muncie, and Dr. Wm. F. Curryer of Indianapolis, for the term of four years, on the State Board of Medical Registration and Examination. Dr. Curryer is the efficient Secretary of the Board, and this is an official recognition of his zealous work.

Dr. James Cooper, the veteran Eclectic, of Bellefontaine, O., is just recovering from a little tilt with the "grip." He is still interested in Eclecticism, and we believe him to be, perhaps, the oldest follower it has in Ohio. May he live many years.

Dr. S. B. S. Wilson, E. M. I. '81, of Olathe, Kas., can place two good Eclectics in excellent places. No unqualified ones wanted. The Doctor is quite prominent as railroad surgeon, and is Medical Director of the Kansas Oddfellows Fraternal Benefit Association. He has recently been re-elected.

Dr. Richard Herrick, E. M. I. '93, of La Salle, Ill., is medical examiner for the Metropolitan Life of New York, the Mutual Life of New York, the Modern Woodmen, the Mystic Workers and the Royal Neighbors. School cuts no figure with him.

Dr. A. P. Taylor, E. M. I. '71, of Columbus, O., President of Ohio State Society, is turning everything topsy turvey to forward the coming State meeting. He has organized several district societies. He is a worker. We'll have a good meeting.

Dr. E. A. Sturm, E. M. I. '93, lately at Soddy, Tenn., has recently located at West Chester, O., sixteen miles out from Cincinnati, on the Big Four. We are glad to welcome him among the Buckeyes.

Dr. Lena R. Whitford, E. M. I. '97, is doing well at the Barnesville Sanitarium, Barnesville, Ga. Doctor, if you have a patient that needs rest and treatment for digestive or nervous troubles write to Dr. Whitford. She is straight as can be.

Dr. W. H. Hawley, Ec. Med. Coll. Rochester, '52, of Penn Yan, N. Y., is one of the Eclectic pioneers. He is generally at the National. Hope to meet him again at Omaha, in June.

Gov. Bradley, of Kentucky, has lately appointed Dr. Geo. T. Fuller, formerly of Lowes, now of Mayfield, to represent the Eclectic profession on the Kentucky State Board of Health. Dr. Fuller is a graduate of the old Physio-Medical Institute, and later in 1889 of the Eclectic Medical Institute. He is president of the Kentucky State Eclectic Medical Society. Dr. Fuller, in connection with Dr. S. H. Samuel, the worthy representative of the Homoeopathic School, will ably represent liberal medicine in Kentucky.

FOR SALE OR RENT.—The property of the late Dr. G. M. Cole, of Lincolnville, Pa. For particulars address MRS. V. A. COLE, Edinboro, Erie Co., Pa.

FIFTY CENT MUSIC FOR 10 CENTS.—Send 10 cents in postage stamps for copy of "Royal Blue Two-Step" for Piano. New and beautiful. O. P. McCarty, General Passenger Agent, B. & O. S. W. Ry., Cincinnati, O.

GEO. W. SAMUEL, M. D., Nashville, Tenn., says: I had a case of a man who had been drinking heavily for several days. I prescribed Celerina in tablespoonful doses, every three hours, and in a short time he was in good shape again. I also used it in a case of neuralgia, in the following formula: R Celerina, 8 ounces: Quinia Sulph, 60 grains. M. Teaspoonful every four hours. It acts like a charm. In a case of impotency, I used calomel in connection with Celerina, and the patient reports everything standing all right.

MALNUTRITION.—The importance of a reliable pharmaceutical preparation which will do substantial service in this connection is freely admitted.

Malnutrition and stomachic derangements are the prime cause of so many disorders, that these conditions have become a matter of serious interest to the general practitioner.

The positive aid and results obtainable from "Gray's Glycerine Tonic Comp." are largely due to its finished and unalterable character as a reconstructive Tonic. It undergoes no organic or chemical change and the harmonious action of each ingredient is assured, an important and unusual feature, and essential to accomplish the results desired.

It neutralizes stomachic acidity, checks fermentation, promotes appetite, increases assimilation and does not constipate. It is prompt and reliable in its action and does not over stimulate or produce stomachic congestion, a common fault of many so-called tonics. It is also most pleasant to the taste and acceptable alike to all ages and to sensitive persons, and causes no unpleasant reaction whatever.

ORIGINAL COMMUNICATIONS.

IPECACUANHA IN HEMORRHAGE.

By John W. Fyfe, M. D., Saugatuck, Conn.

IPPECAC is conceded by all schools of medicine to be one of our best specific emetics. As a remedy in some forms of diarrhoea it is efficient, but, in my opinion, frequently much overrated. In thrush, and the various forms of sore mouth with which infants are sometimes afflicted, it is a remedy of marked curative power; and in some forms of irritability of the stomach it constitutes a medicament of considerable merit. In cases presenting a narrow and pointed tongue, which is nearly normal in color, accompanied by vomiting or nausea, its administration in minute doses is urgently suggested. These are facts with which most physicians are undoubtedly familiar; but the use of ipecac as a remedy in hemorrhage has not, in my opinion, been given due prominence.

I was once called to attend a young lady of twenty years who for several months had been in feeble health, with frequent attacks of pain in the region of the stomach, accompanied by distressing nausea. At the time of my first visit she was violently vomiting, the vomited matter consisting principally of mucus and very dark broken-down blood. The attacks of vomiting occurred every three or four hours.

I treated her with such remedies as seemed specifically indicated. Carbo-veg. slightly lessened the quantity of blood vomited, but the improvement was not sufficient to constitute a source of encouragement, and other remedies of its class did but little better. Medicines, food and drinks alike increased the severity of the almost constant nausea. She soon became blanched and death-like in appearance, and exhausted to an extent which made it impossible for her to move

in bed. Her temperature was sub-normal, her pulse 100, small and wiry, and her tongue nearly normal in appearance.

At this stage of the case, I decided to discontinue the treatment which had seemed to have been judiciously selected (and which had received the approval of eminent counsel), and place her upon minute doses of ipecac alone. Ten drops of the specific medicine were added to four ounces of water, and a teaspoonful of the mixture given every hour. The vomiting gradually became less frequent, the blood less in quantity, and in a few days the vomiting entirely ceased. The ipecac was continued for two weeks, and she made a complete recovery, as is evidenced by the fact that, although ten years have elapsed, she has had no further hemorrhage of any kind.

Since her recovery I have treated many cases of passive hemorrhage, and whether from the stomach, bowels, or uterus, ipecac in small doses has been my leading remedy, and it has always yielded most gratifying results. One case I remember as being very severe and unpromising. It was that of a man of seventy years, who was much broken down in health. After suffering from extreme nausea for several hours, he commenced to vomit large quantities of very dark blood. On examination I found his temperature to be normal, pulse sixty, small, and intermittent, and his tongue not materially changed from its natural appearance. Ten drops of the specific ipecac was added to four ounces of water, and a teaspoonful of the dilution administered every hour. The vomiting of blood soon became less frequent, and entirely ceased within a few days, but the ipecac was continued for several weeks. The case was otherwise treated in accordance with the specific indications for remedies, and made a good recovery. The man is still living, and for the last two years of his life he is, in my opinion, indebted to the curative power of ipecac.

HYDRASTIS CANADENSIS.*

By John Uri Lloyd, Cincinnati.†

[Reproduced by permission of the Western Druggist, Chicago]

BOTANICAL DESCRIPTION.

HYDRASTIS grows in patches in rich, open, hilly woods. The stem is produced from a terminal bud of the perennial rhizome. Its growth is very rapid: a week or ten days' continuance of warm weather in May is sufficient for it to grow six inches high, and to expand its flowers.

The fertile stem is from six inches to a foot in height at flowering time, round, erect, and about an eighth of an inch in diameter. It is naked below, and at the top apparently forks, one branch bearing a leaf, the other a smaller leaf and flower.

*Reference to literature on the subject is made by figures throughout the text. These correspond with the appended list of titles, which are arranged in chronological order.

†The author hereby extends his thanks to Mr. C. G. Lloyd and Dr. Sigmund Waldbott for detail assistance.

The leaves at flowering time are only partly developed; the lower is larger, measuring two to three inches in diameter; the upper, which is about half as large, encloses the flower in the bud, and is generally but partially unfolded when the flower opens. After the plant has flowered, the leaves grow to be six or eight inches in diameter. In shape they are roundish cordate, and have five to seven palmate lobes. The veins are very prominent on the lower side of the leaf. The three petal-like flowers are small, white, and last but a few days. The sepals are only seen in the bud, falling away when the flower expands. The numerous stamens have white filaments, and they are the most conspicuous part of the flower.

The fruit ripens in July, turning from green to bright red. It is borne on an erect stalk, about an inch long. In shape it resembles a large red raspberry, with coarse drupes.

HISTORY.

Hydrastis has been used from time immemorial by the North American Indians as a yellow dye and as a bitter tonic. The first scientific reference, so far as the author can determine, was made by Mr. Hugh Martin,¹ who, in 1782, read a paper entitled "An Account of some of the Principal Dyes employed by the North American Indian." In this he refers to hydrastis as follows:

"The Indians dye their *bright yellow* with the root of a plant which might very well be called *radix flava Americana*. This root is generally from one to three inches long, and about one-half an inch in diameter, and sends out a great number of small filaments in every direction except upward; these filaments are as yellow as the body of the root itself. From the root there grows up a stalk about a foot from the ground, and at the top is one broad leaf. A red berry, in shape and size resembling a raspberry, but of a deeper red, grows on the top of the leaf. This berry is ripe in July."

The Indians imparted the uses of hydrastis to the settlers of America, and the drug was used by them as a domestic remedy and a dye from the earliest times, but did not attract the attention of the medical profession until 1798, when B. S. Barton² mentioned it as a remedy, crediting the Cherokee Indians as his authority. From this date nothing important appeared in medical literature until 1828, when C. S. Rafinesque³ devoted considerable space to the drug, and gave a rude illustration of the plant.

In 1833 the editor of the Thomsonian Recorder⁴ added to the foregoing the uses of hydrastis in the Thomsonian practice, and in the same year Wooster Beach⁵ introduced the drug prominently in his *Materia Medica*. The first edition of the United States Dispensatory⁶ (1833) neglected to mention hydrastis, but the second edition (1834) gave it a slighting reference in the appendix, which was carried unchanged through nine revisions, being slightly enlarged in the tenth (1854), and not transferred to the primary department until 1865. The first

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| A. Entire Plant. Natural size. | 7. Longitudinal Section of Carpel. |
| 1. Flower without Sepals. | 8. Drupe. |
| 2 and 3. Sepals, different aspects. | 9. Transverse Section of Drupe. |
| 4. Stamens. | 10. Seed Capsule. |
| 5 and 6. Carpels. | |

HYDRASTIS CANADENSIS.

edition of the Eclectic Dispensatory by King and Newton,⁷ 1852, gave the drug the first conspicuous consideration it received in medicine, and at once hydrastis and its preparations became prominent in Eclectic therapy. From this period Eclectic physicians made hydrastis one of their most valued drugs, and both the crude drug and its preparations as devised by them, became so important as to lead to the drug becoming official in the Pharmacopœia of the United States (1860). Few American drugs are now more important than hydrastis.

COMMON NAMES.

The term "golden seal," first applied by the Thomsonians, refers to the yellow seal-like scars on the fresh rhizome. This name is common to collectors and the drug trade, but the term "yellow root" is also employed. In botanical works the names "orange root" and "yellow puccoon" are sometimes used; while, owing to the appearance of the fruit, the term "ground raspberry" has been used by country people. Owing to the fact that in domestic medicine the infusion of the root was employed in eye diseases, the names "eye balm" and "eye root" have been used. The bright yellow color, so useful to the Indians and early American settlers as a dye, gave the following names: Indian paint, yellow paint, Indian dye, golden root, Indian turmeric, wild turmeric, cutcuma, Ohio curcuma, wild curcuma (spelled in old works kurkuma), jaundice root, and yellow-eye.

CONSTITUENTS.

Berberine.—The conspicuous coloring matter of hydrastis is an alkaloid, and in 1828 Rafinesque² named it hydrastine. This name the Eclectics adopted for the salts and alkaloidal compounds used by them so extensively, and adhered to it until after 1880. Then, owing to the fact that the term berberine had been affixed to it, and through persistent use established itself in scientific publications, they relinquished the name hydrastine.

In this connection it may be said that in 1824 Huttenschmid gave the name *jamaicine* to the yellow coloring matter of what he thought was *geoffroya inermis*; ⁸ that Chevallier and Pelletan (1826) gave the name *xanthropicrite* to the yellow coloring matter of *xanthoxylum clava herculis*; that Rafinesque (1828) gave the name hydrastine to the yellow coloring matter of *hydrastis canadensis*, and that last of all Buchner and Herberger (1830) gave the name berberine to the yellow coloring matter of *berberis vulgaris*; and thus is seen the remarkable fact that the three names which preceded the word berberine were brushed aside by the one least entitled to consideration. It should furthermore be added that all these names were applied to extracts of the drug, and that the alkaloid was not established until Geo. Kemp, in 1839, made a salt of berberine and picric acid.⁹

Hydrastine is the characteristic alkaloid of the drug. It was discovered in 1851 by Mr. Alfred P. Durand;¹⁰ again made in 1856 by Prof. E. S. Wayne,¹¹ and in 1862 by Wm. S. Merrell.¹² Neither of

the latter-named gentlemen was aware that the alkaloid mentioned by themselves had been previously discovered by Durand, and none of them obtained it pure. It was reserved for Mr. J. Dyson Perrins¹³ to prepare pure hydrastine. The chemistry of hydrastine has subsequently been studied by various workers, and its constitutional formula was established in 1891 by Dr. M. Freund.¹⁴ (Likewise the constitutional formula of berberine was brought to light in 1890 by W. H. Perkins.¹⁵) Pure hydrastine is colorless, and dominates the therapeutically active constituents of the drug.

Third Alkaloid of Hydrastis.—The first intimation of the existence of a third alkaloid in hydrastis root was given in 1873 by A. K. Hale.¹⁶ The observation was confirmed afterward, in 1875, by John C. Burt,¹⁷ who gave additional reactions, and produced a drawing of the sulphate of the new base. Afterward, in 1878, Mr. Herman Lerchen,¹⁸ following the directions of his predecessors, also obtained the new alkaloid, which he named *xanthopuccine*, on account of the yellow color of the alkaloid as he obtained it. In 1888 F. Wilhelm, in Prof. Schmidt's laboratory, incidentally obtained the alkaloid in minute quantity. In 1891 and 1894²⁰ Prof. E. Schmidt succeeded in isolating it from hydrastis root in larger amounts. He next received relatively large quantities of the hydrochlorate from E. Merck, and was thus enabled to work out the chemistry of the new alkaloid, which he named *canadine*,²¹ rejecting the former name, *xanthopuccine*, as the pure alkaloid as made by him is white, not yellow.

LIST OF REFERENCES TO HYDRASTIS CANADENSIS.

1. Transactions of the American Philosophical Society, 1793, page 224
2. Collections toward a Materia Medica of the United States, B. S. Barton, part 1, p. 9.
3. Medical Flora of the United States. C. S. Rafinesque. Vol. I, p. 251.
4. The Thomsonian Recorder. Vol. II, p. 313.
5. Beach, W. The American Practice of Medicine, New York, 1833. Vol. III, p. 99.
6. Dispensatory of the United States, 1834, second edition, p. 1087.
7. The Eclectic Dispensatory of the United States of America King and Newton, 1852, page 213.
8. E. Schaer. Zur Geschichte des Berberins, Zuerich, 1893.
9. Drugs and Medicines of North America J. U. and C. G. Lloyd. Vol. I, pp. 96, 97.
10. American Journal of Pharmacy, 1851, p. 112.
11. American Journal of Pharmacy, 1862, p. 308.
12. American Journal of Pharmacy, 1862, p. 495.
13. Pharmaceutical Journal and Transactions London, May, 1862, pp. 540-546.
14. M. Freund, Lieb Ann., 1892. Vol. 271, pp. 311-408.
15. W. H. Perkins, Journ. Chem. Soc. Trans., 1889, pp. 63-90; 1890, pp. 992-1106.
16. American Journal of Pharmacy, 1873, p. 247.
17. American Journal of Pharmacy, 1875, p. 481.
18. American Journal of Pharmacy, 1878, p. 470.
19. F. Wilhelm, Archiv. d. Pharm., 1888, p. 345.
20. E. Schmidt, Jahresber d. Pharm., 1891, p. 544.
21. E. Schmidt, Archiv. d. Pharm., 1894, pp. 186-154.

LATERAL CURVATURE OF THE SPINE.

By Prof. E. J. Farnum, M. D., - Chicago, Ill.

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Definition—Etiology—Weakness, Habitual Faulty Position, Paralysis, Rachitis, Empyema; Pathology—Primary and Secondary Curves, Anatomical Changes; Symptoms—Unequal Movements, Change in Outline of Body, Constitutional Disturbance.

LATERAL curvature of the spine is a permanent lateral deviation of the spinal column, or a part of it, from its physiological direction. It is also known as *rotary lateral curvatare* and *scoliosis*.

Lateral curvature is a common deformity, developing usually in growing children. Mild cases are often entirely overlooked until the patient reaches maturity, and begins to wear tailor-made clothing. It may develop in the youth or in infancy. It occurs more frequently among girls than among boys. Cases exist in wealthy families as well as among the poor.

ETIOLOGY.—Weakness is the most common cause of lateral curvature. On account of the physiological curves in the spine, it becomes necessary for considerable force to be exerted by the muscles and ligaments to hold the trunk in the erect position. A weakness of the structures holding the spine erect causes the upper part of the body to sag, and the spine to assume more than the natural curves. It is usual for the strength of one side of the body to exceed that of the other side. It seems easy to understand how the superimposed weight in bearing down upon a spinal column thus unequally supported, would induce lateral curvatures.

The weakness is sometimes the result of a rapid growing period, instead of that of a debilitating sickness. At other times lateral curvature is seen to develop in children who are always more or less delicate and weakly.

Habitual faulty positions are considered as a common cause of lateral curvature. Infants are often kept too constantly in the same position, either sitting or lying, and a lateral curvature may develop as the result. Sitting continually in one position at the desk while at school may be considered an etiological factor. Any faulty position too constantly assumed may contribute to the deformity, as that which is assumed during writing, playing musical instruments, working, etc.

Lateral curvature developing from a bad habit is sometimes called *habit scoliosis*, while that which develops from positions assumed during occupations is called *professional scoliosis*. *Static scoliosis* is a term applied to that form due to inequality of the length of the legs. The static variety comes usually from cases where there is a marked tilting of the pelvis from a short lower extremity, or a deformity which alters the normal relation of the pelvis to the spine.

Paralysis of the muscles of one side of the body is usually followed by more or less lateral curvature. When the muscles of the back are only partly paralyzed, the weakness is evident from the faulty posi-

tions assumed by the patient, and the development of lateral curvature is the result. This form of lateral curvature is most commonly developed after infantile paralysis. It is not often noticed until the patient is growing and is gradually recovering from the paralysis.

Rickets often produces such a weakness of the attachments of the muscles and ligaments that lateral curvature results. Children that have rickets and then assume faulty positions as described above, are apt to develop lateral curvature.

RIGHT LATERAL CURVATURE. FROM A PLASTER CAST.

Of the pathological conditions which are liable to produce lateral curvature, the most common is that of empyema. The protracted period, during which time the side affected by the empyema is held firmly, while the muscles on the other side are carrying on the act of respiration, is considered sufficient cause for the lateral curvature.

In children lateral curvature always occurs after the resection of the ribs for empyema. Traumatism or inflammatory conditions of various kinds about the trunk are liable to be followed by lateral curvature. To sum up the etiological factors and group them, we might say that there are but two general classes:

1. Weakness induced by debility, faulty habits, rickets, or paralysis.

2 Where the equilibrium of the spine is disturbed by altered pelvis, traumatism, or inflammatory conditions about the trunk.

PATHOLOGY.—The pathological changes that take place in lateral curvature, are due to the misdirected power exerted on those structures which support the thorax and upper body weight.

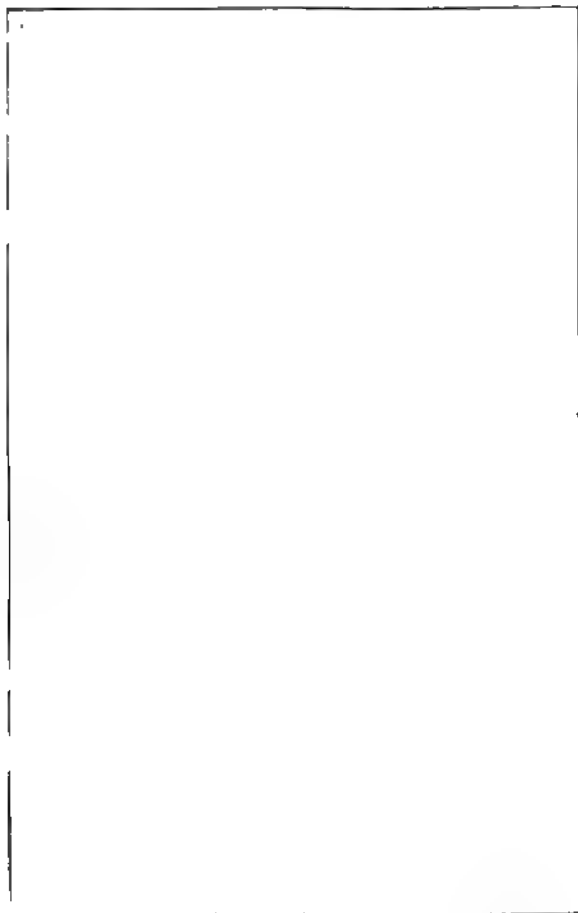
The bones of the spine and the ribs yield under weakened support, and torsion, and curvature of the vertebræ results. The superimposed body weight adds to the tendency to torsion, and the change of pressure produces change in the shape of the bones. The changes vary

LEFT LATERAL CURVATURE, CAUSED BY EMPYEMA. FROM PLASTER CAST.

according to the portion of the spine most affected and the degree to which the deformity has developed. If the lateral curvature be developed from weakness, the primary and most pronounced curve is in the dorsal region. Secondary curves will be found in the lumbar and cervical regions. If, on the other hand, the equilibrium is disturbed by altered pelvis, then the primary curve is in the lumbar region, and the secondary curve is in the dorsal region.

Where the deformity is only slight and of short duration, no pathological changes have taken place. If the deformity is well developed and has existed for some time, then the altered pressures will have produced an alteration in the shape of the structures involved in the deformity; namely, the bones, cartilages, ligaments and muscles.

In lateral curvature the pressure from above is borne upon the spine nearly in a vertical line, and that portion of the bodies of the vertebræ toward the concave side receives the greatest pressure, and by it the shape of the bodies are gradually changed by the process of pressure atrophy. This is also true of the intra-vertebral cartilages. They become wedge shaped, with the thin portion of the wedge toward the concavity of the curve. In order that the spine may accommodate



SPECIMEN FROM A CASE OF LATERAL CURVATURE, BACK VIEW.

itself to this pressure, the unsupported vertebræ rotate upon the axis of the spine, with their bodies toward the convexity of the curve, and the spinous processes toward the concavity.

The rotation or torsion of the vertebræ is equally true of any lateral curving of the spine primary or secondary. The greater the lateral curve the greater the torsion.

The ribs are likewise rotated, as they must follow the source of their attachment. On the convex side of the curve their angle is much more acute than normal, while on the concave side they are depressed, widely separated from each other, and the angle is more obtuse than normal.

The ligaments and muscles are relaxed and atrophied on the convex side, while on the concave side they are more or less contracted,

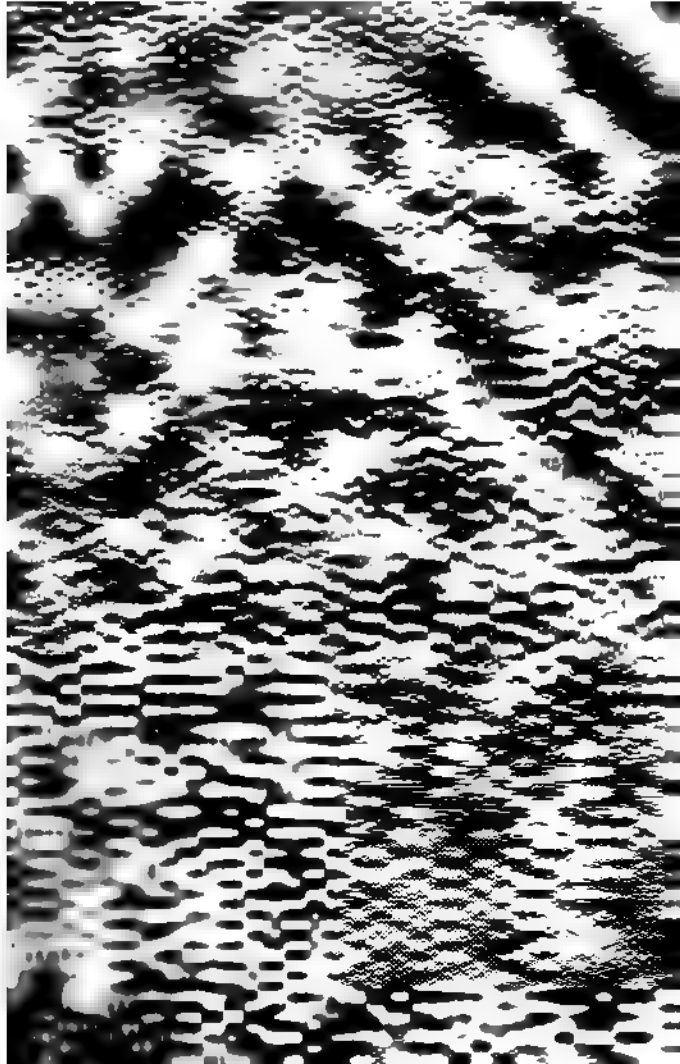


SAME SPECIMEN, FRONT VIEW.

and are stronger than on the other. The difference in the muscular power of the two sides is evident in severe dorsal curvature, as respiration is effected principally by the muscles upon the concave side.

The effect of lateral curvature is to cause displacement of the thoracic and abdominal organs. The lungs are compressed on the convex side, and given more room on the concave side. The heart, in

severe cases, may be displaced, even to the right side, or at least toward the concavity. The stomach, intestines and liver, are displaced downward, and the spleen and kidney upon the convex side are usually smaller than normal.



FROM A SEVERE CASE OF RIGHT LATERAL CURVATURE.

SYMPTOMS.—Lateral curvature of the spine usually develops so gradually during the growing period that its symptoms are unnoticed until it has existed for a considerable length of time. The deformity

is often discovered by accident by the mother or dressmaker, at about the age of puberty.

In the earlier stages the patient suffers no inconvenience, and in children the faulty position and fatigue are overlooked. Many times,

A CASE OF LEFT LATERAL CURVATURE.

when the deformity is first observed by the parents, they are not alarmed by it, as they say, "the child has never been sick." If the patient's actions are carefully watched, it will be observed that the gait, and movements are unequal on the opposite sides of the body.

The dorsal curve influences principally the movements of the shoulders and arms; the cervical curve, the movements of the head; while the lumbar curve influences the lower extremities.

Upon one side, the shoulder, and especially the scapula, will appear more prominent. The distance from the axilla to the hip is shorter, and the curve at the waist deeper, than on the opposite side. If the patient is a fat subject, the early recognition of these symptoms is difficult, but when the deformity is advanced, a glance only is necessary. The chest loses the beautiful symmetry that is present in the well formed individual. The ribs are more prominent on one side; one breast is larger and lower than the other: the abdomen is less prominent on one side, and the umbilicus seems displaced from the median line.

In lateral curvature of the cervical region, there is produced a characteristic alteration in the outline of the neck. The graceful double curve becomes flattened; the neck is shorter and the shoulder less prominent on one side, while on the other they are more prominent.

In severe cases of lateral curvature, in addition to the inconvenience and discomfort of the deformity, there is usually disturbance in the functions of the internal organs. Shortness of breath, palpitation of the heart, impaired appetite and indigestion are present. Nervous symptoms are present in some cases. Indisposition to exercise, vague complaints of pain and discomfort, and tenderness in the back, are mentioned. After the patient reaches the age of maturity, the deformity is permanent, and unless it is very severe, he may pass through life with little or no inconvenience from it.

INCOMPATIBILITIES.

By E. E. Bechtel, Ph. G., M. D., Homerville, O.

WITH many physicians incompatible mixtures are of every day occurrence. The term incompatible, literally defined, means, unable to agree, and may be of three varieties, viz., chemical, therapeutical or physiological, and physical or pharmaceutical. The last named variety, while very frequent and always unsightly and untidy in appearance, is perhaps of least importance.

Incompatible preparations are often the result of an energetic physician who attempts too much by prescribing for, and trying to meet a number of conditions at one time, while they more frequently result from shot gun practice, the prescribing of complex formula at names, and the combining of fluid extracts and tinctures with proprietary preparations, and the ever ready "hand me downs" of the physician-supply house which is now quite popular.

Thus it is readily seen that the Eclectic who prescribes single remedies and simple combinations is much less liable to those errors than our Regular friend who treats names rather than conditions. How-

ever, we as Eclectics are not censure proof on this point; hence this article, in which we shall endeavor to point out the most common errors, with illustrations and rules of incompatibilities:

1. Acids are incompatible with alkalies and alkaline substances.
2. Mineral acids should never be added to alcoholic preparations, as the acid changes the alcohol into an ether.
3. Never dispense alkalies and alkaloids in the same mixture, nor should a prescription like the following be dispensed: *R*—Strychnine sulph. gr. i; potass. iodide $\bar{3}$ i; syrupus alterans, q. s; $\bar{3}$ viij. *M*. Here we have chemical changes; the strychnine is precipitated and the patient liable to get the greater quantity at the last dose.
4. Chlorate, nitrate and permanganate of potassium should not be mixed with tannic acid or any oxydizable agent.
5. Cherry laurel water, bitter almond water, or amygdalus persica should not be dispensed with morphine, as the poisonous cyanide of morphine results.
6. Iron with vegetable astringents forms tannate of iron or ink, viz., *R*. Potassii iodidi $\bar{3}$ ii; syr. ferri iodidi f $\bar{3}$ ss; tr. cinchona comp. f $\bar{3}$ jss. *M*. Here we have the above law illustrated with chemical changes. Iodide of potassium contains free carbonate, and when mixed with syrup of iodide of iron, a green precipitate of ferrous carbonate results.
7. Chloride of ammonium and chlorate of potassium when mixed take fire.
8. Iron and arsenic are chemically incompatible.
9. Potassium chlorate and potassium cyanide, when mixed, set free hydrocyanic acid.
10. Iodine and oil of juniper explode when mixed.
11. Tannic acid and spirits of nitre explode.
12. Mineral acids explode with volatile oils and turpentine.
13. Chloral with alkalies and alkaline carbonates forms chloroform.
14. Alkalies destroy the digestive properties of pepsin.
15. Acid destroys the digestive properties of pancreatin.
16. Acids precipitate the sweet principle of yerba santa and glycyrrhiza.
17. Opium preparations with solutions of lead form the poisonous meconate of lead.
18. Cocaine and borax when mixed form the insoluble borate of cocaine.
19. *R*. Ferri et quinia cit. ammon. cit. aa. $\bar{3}$ i; spiritus ammon. aromatic, f $\bar{3}$ iv; tr. opium, $\bar{3}$ ij; aqua q. s. $\bar{3}$ viij. *M*. Here we have citrate of iron and quinine incompatible with alkaline salts. Also therapeutical incompatibility with ammonium compounds and opium. Here the prescriber in trying to get too much in one bottle really gets nothing of any value.

THE NEWER MATERIA MEDICA.—III. FORMALDEHYDE.

By Prof. H. W. Felter, M. D., Cincinnati.

FORMULA.— $\text{H.COH}=\text{CH}_2\text{O}$.*Synonyms.*—Formic aldehyde, Methylaldehyde, Oxymethylene.*Source, History, and Preparation.*—Formaldehyde is a gas, and was discovered in 1867 by Von Hoffman, who obtained it by passing the vapor of a mixture of methylic alcohol and air over red-hot, finely divided platinum. Baeyer declares it to be found in plant tissue, and to be the natural protector of the tender portions of the plant against bacterial invasion.

Formaldehyde was introduced into medicine by Berlioz and Trillat in 1890. Its germicidal properties, however, had been established by Loew in 1888. The preparations that have been used in medicine, and for economic purposes, are 40-per cent. solutions of this gas, forms of which are known by the trade names *Formalin*, *Formal*, etc. Formaldehyde may be prepared by several processes that either do not concern physicians or are familiar to them, as for example the lamp process, wherein the gas is generated by incomplete combustion of methyl alcohol.

Description and Tests.—Solution of formaldehyde (40 per cent.), as found in commerce, is a very volatile, pungent, peculiarly aromatic fluid of a pale sea-green color, owing to traces of copper. It has an acid re-action, due to the presence of formic and acetic acids, and a density of 1.070. It hardens animal tissues, and renders gelatin insoluble, even in hot water and alkaline media. It should be kept securely stoppered. Several qualitative tests have been proposed for formaldehyde, which, however, are chiefly of use to chemists.

Action, Economic and Medical Uses, and Dosage.—Formaldehyde is exceedingly volatile and the vapor given off from its solutions is irritant to the nasal, faucial, and ocular mucous membranes. When concentrated it affects the cutaneous tissues similarly to phenol, leaving the surfaces roughish, white, and after a time insensitive. Its application to the skin does not produce pain. Of its internal effects but little is known. No ill effects followed the ingestion of a considerable amount of the 1 per cent. solution (Rideal), and of the paraformaldehyde; as large a dose as 90 grains has been administered as an intestinal antiseptic without harmful results. Owing to its action upon ammonia and ammonia bases, hydrogen sulphide, mercaptan, etc., forming odorless compounds, it has been used both in solution and vapor as an effective deodorant, the putrescent odor of decaying vegetables and flesh being instantly removed by it. A very small quantity of the 10 per cent. solution quickly deodorizes feces, brine, putrid meat, etc. Not only does it overcome odors, but it exhibits remarkable preservative powers. Thus the vapor from a pledget of cotton impregnated with six or eight drops of the 40 per cent. solu-

tion, will preserve fish, meat, etc., for several days in a well covered vessel, even in hot weather. Neither odor nor taste is imparted to flesh thus preserved. Such organisms as give rise to lactic and butyric fermentation, as well as other organisms producing secondary fermentation are destroyed by formaldehyde. This can be accomplished with solutions (1 to 20,000 to 1 to 10,000) which are too weak to interfere with the development and growth of the *saccharomyces cererisæ*, or with the production of alcohol.

Tables have been made for the use of formaldehyde solutions in various directions, which however are largely as yet experimental and need not be reproduced now. They can be obtained in circular form of manufacturers of the solution.

The generation of formaldehyde gas for purposes of disinfection and sterilization has recently assumed importance. Specially constructed lamps have been devised for the direct generation of the vapor either from methyl alcohol or from the polymerized formaldehyde or paraformaldehyde. Rooms, cellars, vaults, libraries, hospitals, schools, furniture, drapings, surgical dressings and appliances, etc., may be deodorized and disinfected by means of this gas. This substance has the advantage of being non-injurious to fabrics, metals, wood, and the common colors, except violet and light red. Professor F. C. Robinson (*Jour. Am. Public Health Assoc.*) states that at least a quart of methyl alcohol should be generated in disinfecting an ordinary living room. Several hours exposure to the gas destroyed the pathogenic bacteria of typhoid fever and diphtheria, even when folded in between mattresses [Robinson]. Koch's bacillus tuberculosis and other bacteria are said to be destroyed by it, the bacillus subtilis and bacillus mesenterica being possible exceptions. Roux, Trillat, Bosc, Wortmann, Stahl, Aronson and Berlioz are among the European experimenters who endorse formaldehyde as the leading disinfectant and antibacterial agent. In this country De Schweinitz and Kinyoun (*Public Health Reports*, Vol. xii, No. 5, 1897), have made extensive investigations. Test-cultures of bacteria have been the means used to demonstrate the active and destructive properties of the gas upon pathogenic micro-organisms. Kinyoun states it difficult to disinfect the interior of closed books, although it is claimed efficient by others, and he believes it doubtful to disinfect the interior of upholstered furniture, etc., unless very large amounts of the gas be employed. To accomplish results an exposure of at least one day is necessary, the larger the quantity generated the better the results.

The various published reports would lead one to believe that the uses of formaldehyde for disinfecting purposes are practically without limit. This, however, proves not to be the case, for well-conducted experiments have satisfactorily demonstrated that it is of value chiefly as a surface disinfectant and is of doubtful utility when deep penetration is required. [Doty, *N. Y. Med. Jour.*] It has also been

shown that it acts best in a chamber from which the air has been exhausted. Park and Guerard, of the New York City Health Department, who made comprehensive and thorough bacteriological tests with formaldehyde, endorse it only for surface disinfection, and state that the cost of disinfection by it is not greater than when sulphur is employed. [See paper by G. L. Taylor, *Amer. Jour. Phar.*, 1898, pp. 195-201.] In view of these facts too much must not be expected from formaldehyde.

The germicidal power of formaldehyde is undoubtedly due to its chemical combination with albuminous and nitrogenous materials, as bacteria are albumnoid in character and feed upon albuminoids. The penetrating properties of formaldehyde were demonstrated by Roux and Trillat by exposing to the gas liberated in a room gelatin-coated cubes of glass, whereby the gelatin was rendered insoluble even in hot water. Though destructive to micro-organisms formaldehyde is innocuous to the higher forms of life. Unfortunately it has practically no effect upon bedbugs, lice, roaches, etc. Formaldehyde has been advised as a preservative of vegetable solutions and botanical specimens. Unless in considerable amounts it fails to prevent the formation of mould, as its action upon low forms of vegetable life is not so pronounced as upon bacteria. Formaldehyde is used in photography for hardening purposes. It is declared superior to absolute alcohol, chromic acid, or corrosive sublimate for hardening histological materials, as the tissues become hard in three days, retain their cell forms, do not become brittle, and stain well.

Formaldehyde has had a limited use in practical medicine. Painted upon the parts the solution gives relief and prevents extensive inflammation from the bites of gnats, mosquitoes, and small animals. Generated in a room, the vapor is said to drive away mosquitoes, flies, and similar pests. Washing the feet and wiping the inner soles of the shoes with the solution (2 per cent.) is said to be effectual in fetid sweating of the feet—bromidrosis. Salter, of Guy's Hospital (*Brit. Med. Jour.*, 1896) praises it in ringworm of the scalp. It has been advised to sprinkle formaldehyde upon the clothing and bedding of those suffering from typhoid fever, while for the purpose of disinfecting the excreta it is regarded with much favor. In diphtheria it has been vaporized and the vapor inhaled so as to reach parts inaccessible by ordinary methods of making local applications. Its clinical value in this disease remains, however, to be established. Dr. Solis Cohen (*Therap. Gaz.*, 1897) regards it as the best agent for the local treatment of the various forms—ulcerative, infiltrative and vegetative—of tuberculosis. He first cleanses and cocainizes the parts, after which they are thoroughly rubbed with a 1 to 10 per cent. solution of commercial formalin—practically equivalent to $\frac{1}{3}$ to 4 per cent. of formic aldehyde. Used in a properly constructed inhaler the diluted vapor from formalin and water has been advised as useful in catarrhal res-

piratory affections and in the early stages of pulmonary tuberculosis. Whooping cough appears to have been alleviated by the inspired vapor generated directly into the apartments of the patient or when used in the form of spray.

Solution of formaldehyde, in strength varying from 1 to 5 per cent. appears to give excellent results in gonorrhoea—particularly in gonorrhoeal vaginitis. It may also be used for other infectious diseases of the genitalia. Prof. De Smet (*Rev. Int. de Med. et de Chir.*) reports 60 cases of gonorrhoea in women, in which formaldehyde gave complete satisfaction. The vulva was first washed with a warm 1 per cent. solution, after which, by means of a speculum, he poured a 2 to 5 per cent. solution into the vagina, and by means of a swab worked this into all the folds of the vagina and about the cervix uteri. Where the infection had reached the cervico-uterine cavity a 2 per cent. solution was injected into it. In cases where the cervix was ulcerated a formalin impregnated (1 per cent.) tampon of cotton or gauze was placed upon the sore and allowed to remain two or three hours. In severe cases of fungous blennorrhagic endometritis the parts were first curetted. The burning of the mucous membranes produced by the 5 per cent. solution is but transitory.

Probably the greatest field for formaldehyde outside of its use as a general disinfectant, particularly in zymotic diseases, will be in surgical practice. The vaporization of wounds with it has already received the endorsement of practical men. For irrigation purposes in accidental or surgical wounds a one per cent. solution has been found most practical. Prof. L. E. Russell (*E. M. Jour.* 1898, p. 296) recommends it for rendering aseptic instruments and diseased tissues. He used a full strength solution of formaldehyde to mop out the pelvic cavity after the removal of a large tubo-ovarian abscess, some of the contents of which had escaped into the surrounding parts. He advises it half strength for washing out pus cavities, and for packing, directs gauze wrung out of equal parts of formaldehyde and sterilized water. Carcinomata may be washed with formaldehyde solutions.

Altogether formaldehyde appears to have a promising future, and careful experimentation will determine its field of usefulness. Meanwhile let us not expect too much of it, nor should we condemn it if it does not accomplish all that we are led to expect, until thorough tests have been given it at the hands of our physicians and surgeons.

RELATED BODY.—*Paraformaldehyde* $(\text{CH}_2)_3\text{O}_3$,—*Paraformicaldehyde*—*Trioxymethylene*. This is a polymerized form of paraldehyde and may be obtained by condensation of the latter. It is a white powder of an indistinctly crystalline character. It is dissolved by water, such a solution being gradually converted into paraldehyde. Heating also converts it into the latter. On account of the ease with which it may be converted into formaldehyde, it may be used to disinfect bandages and other dressings.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY W. B. SCUDDER, M. D.

CONCUSSION EYE.

Under concussion eye might be termed several different results, traumatic cataract, traumatic iritis, or a combined and suppurative inflammation of the iris, ciliary body and choroid, such as is shown in the illustration. By concussion injury is meant some rough blow to the eye from a blunt instrument—not a penetrating wound. In many cases, from the severity of the shock, they are more serious than penetrating injuries—penetrating injuries having the disadvantage of carrying in some septic material.

CONCUSSION EYE, WITH THE INFLAMMATION PRODUCTS ALL ABOUT THE LENS, THE IRIS, AND THE CILIARY BODY.

No matter what tissue of the eye may eventually become diseased, following a concussion blow, the immediate and best treatment is cold applications and atropine drops locally. This will save every eye that can be saved ; it puts the eye at rest, dilates the iris, preventing iritis and adhesions, and is abortive to inflammation.

Traumatic cataract in this instance comes from rupture of the capsule, the aqueous humor entering the lens, and the salt acting upon the globulin of the lens substance. The lens in some instances swells rapidly, bringing on glaucomatous symptoms, and rendering operative procedure necessary within three or four days. The common

operation is *needling*. The cutting needle is thrust through the cornea at the periphera and enters the lens, where by cutting and breaking up the lens substance, it comes out and mixes with the aqueous humor. This in some cases is left alone, to be absorbed by the aqueous humor, but it is better practice to do paracentesis of the cornea, and get most of it out immediately. A second needling some months later, gives the eye very good vision.

The refractive difference between an aphakic eye and a normal one is so great that one seldom fits the eye-glass, expecting to have binocular vision. The operated eye, however, although not being used, is worth hundreds of blind eyes, and is always ready for its correcting glass, and will give good and efficient sight and service when called upon, should some accident happen its fellow.

Collinsonia.

Notwithstanding the "great strides" in medicine, the oldest Eclectic remedy for chronic laryngitis is still much the best. In that form of laryngitis where one has the desire to cough the phlegm from the larynx just as his fellow sufferer having post-nasal pharyngitis has the desire to hawk, there is no remedy to compare with collinsonia. However, it must be given in large doses infrequently.

R—Sp. collinsonia 1 part; simple syrup 2 parts. M. Sig.—A teaspoonful four times a day.

A little stillingia liniment on lump sugar helps, as also does special instruction to the patient to clear and rasp his throat as little as possible.

Podophyllin.

I would not undertake to treat "old bad throats," tonsillitis, recurring quinsy, or chronic catarrhal conditions, without thinking of podophyllin internally. There is a podophyllum patient the same as there is a pulsatilla patient. He is generally slow, dark-skinned, full flesh, full veined, constipated, dizzy, tongue full and somewhat brown down the center. Podophyllin in such cases will give more direct throat results, in chronic cases, than the so-called cough remedies. It is best to give a powder of the 2d trituration of podophyllin four times a day, or use the tinc. podophyllum, ten drops to four ounces of water, teaspoonful four times a day.

Bryonia.

Bryonia is probably the most powerful curative agent in neuralgia, especially of the fifth nerve. Indicated more in neuralgia of a tearing, tensive character; in earache of a neuralgic character; and particularly in the neuralgia of iritis dependent upon rheumatism.

Ruptured Ear Drum.

It seems possible to sum up the leading points of the present paper on "Traumatic perforations of the Tympanic Membrane," as follows:

1. The drum may be ruptured without direct impact of a foreign body upon the membrane, *i. e.*, by the expansive force of air condensed within the auditory canal.

2. A pre-existing middle-ear disease predisposes to such traumatic perforations.

3. The presence of a middle-ear disease previous to the trauma is determined inferentially by the present condition of the opposite ear.

4. Prognosis regarding the healing of an uncomplicated perforation is good.

5. Severe tinnitus may be a result of labarynthine concussion, and prognosis regarding the outcome of this symptom must be guarded.

6. Treatment is largely expectant until the perforation itself is healed.

7. In most cases, after this has occurred, additional treatment directed to the middle ear is beneficial.—*Brooklyn Medical Jour.*

QUININE BLINDNESS.—A. W. Calhoun reports the case of a patient, a ten-year old girl from the river bottoms of Arkansas, living in a flat section of country, upon the banks of a river, where, in consequence of the prevalence of malarial fever, the inhabitants were accustomed to use quinine freely. The patient had a chill which was diagnosed by the father as congestive, and large doses of quinine were frequently given, until, at the end of the third day, the child had taken 720 grains.

The patient becoming unconscious, the father called in the family physician, who restored her to consciousness, after several days of vigorous treatment, but she was totally blind.

In consequence of her poor health the eye was not examined until six weeks had elapsed, at which time there was a typical white atrophy of both optic nerves, the blood-vessels of the fundus were diminished to mere threads, and there was not the faintest perception of light. The pupils were widely dilated and responded to light very imperfectly. The hearing greatly affected, but much improved. Strychnine, electricity and general tonics were used for three or four weeks, but total blindness remained permanent.—*The Ophth. Record*

REFLEX NEUROSES OF NASAL ORIGIN.—At a meeting of the Netherland Society of Laryngology, Rhinology, and Otology, Dr. Moll, of Arnheim, reviewed the history of nervous reflexes, and cautions against adopting extreme opinions which attribute to them, at certain times too important, and at other times too slight, a role. He described a case of very serious disorder of deglutition in a man aged sixty years, and which completely disappeared after ablation of a spur of the septum. The patient, who for a year could only swallow liquids, gained the power of taking solids. In another similar case the immediate effect of the operation was satisfactory, but the final result was less favorable.—*Rev. Hebd. de Lar.*

CHRONIC COCAINISM FROM CATARRH SNUFF.—The following indication of the action of cocaine is taken from the report of a case in the Montreal hospital. The patient had suffered from a chronic catarrh for a long time and had been persuaded to use *Agnew's Catarrh Powder*, which she took for several months. The bottle held eighty grains and contained over one grain of cocaine; she was in the habit of using three or four bottles per week: Trembling of hands, staggering gait, extreme insomnia, serious derangement of the stomach, resembling chronic alcoholism. Also visual hallucinations, dilatation of the pupils, mental dullness, and pronounced moral depravity. She had always been a woman of quiet, modest character and had never taken stimulants in any form,—*Jour. Amer. Med. Association*.

HAY FEVER.—For hay fever a writer in the *Amer Med. Jour.* says: Discard the use of sprays, and apply to the nostrils, on a cotton pledget, an unguent composed of six parts of cocaine muriate, ten of carbolic acid, twenty of menthol, one hundred and twenty of oil of sweet almonds, two hundred and forty of zinc ointment.

PERISCOPE.

LIGATION OF THE UTERINE ARTERIES.*

This operation to be successful should be done only in carefully selected cases, and the uterine arteries should be divided instead of simply being ligated, to secure complete obliteration of the vessels which supply the tumor with nourishment. Simple ligation is not sufficient where the tissues of the broad ligament are included in the ligature. When the vessel is not isolated the ligature does not always rupture the internal coat which is essential for complete obliteration. Shrinkage of the included tissues occurs from compression of the ligature which loosens and the circulation through the vessel is often restored.

The operation should be limited to interstitial growths which do not extend above the level of the umbilicus, small subperitoneal growths which spring from the uterine wall below the fundus and where extensive adhesions with adjacent organs have not formed through which the tumor may receive nourishment.

In those cases where the arteries have been divided the result has been most satisfactory; that is, the hemorrhage has been permanently controlled, menstruation has become normal, the other symptoms have disappeared and the tumor has atrophied to such a degree that it could not be detected by careful bimanual examination; the uterus reducing to normal size.

The chief advantages in favor of ligation of the uterine arteries in properly selected cases of uterine fibromata may be enumerated as follows, viz.:

*Synopsis of a paper presented to the New York Obstetrical Society by A. H. Goelet, M. D.

1. It is devoid of risk, and the peritoneal cavity is not opened.
2. It is easily done.
3. It confines the patient to bed only two weeks.
4. It relieves all symptoms produced by the tumor.
5. It effects marked diminution in the size of the tumor, which in some instances, at least, entirely disappears.
6. It does not in any way interfere with a hysterectomy should it subsequently become necessary.
7. It does not unsex the patient.
8. The result is manifest within six months, and the patient is not disabled nor inconvenienced by the operation.

In order to guard against wholesale operative interference and still include as many as possible of the cases demanding operation, I have formulated the following rules. Explorative section should be made:

1. Where blood is found in the ejecta of the stomach or bowels or in the urine.
2. Where abdominal rigidity, tympanites or other inferential signs of visceral lesion exists.
3. Where the patient complains of burning pain or a sense of grave internal injury.
4. Where there is profound, remittent or recurrent shock.
5. Where from the nature of the injury it is probable that visceral lesion has resulted.

And finally the patient in all cases should be watched closely for forty-eight hours, during which time any untoward manifestation should be the signal for exploration.—*Amer. Jour. Surg. & Gyn.*

THE CAUSE OF THE HEART-BEAT.—As the result of an experimental¹ investigation, Porter (*Journal of Experimental Medicine*) arrives at the conclusion that the cause of rhythmic contraction of the ventricle lies within the ventricle itself. It is not dependent upon a single localized co-ordination center; the co-ordination mechanism, whatever it may be, is present in all parts of the ventricle. The apex of the mammalian heart possesses spontaneous rhythmic contractility. Assuming that the general belief in the absence of nerve cells from the apical part of the ventricle is correct, this investigation indicates that nerve cells are not essential to spontaneous, long-continued co-ordinated contractions of the heart muscle.—*Med. Record.*

TREATMENT OF INSECT BITES.—Otlinger (*Munch. Med. Woch.*) recommends highly the use of ichthyol as an application to insect bites, either painted on with a brush, or in the form of an ointment, or as an adhesive plaster containing ten per cent. of the drug. In a few moments the pain, burning, itching, etc., cease, and the swelling goes down rapidly.

W. N. M.

FIFTY-FOURTH ANNUAL
ANNOUNCEMENT
—OF THE—
ECLECTIC
MEDICAL
INSTITUTE



CINCINNATI, OHIO.

REGULAR SESSION

Begins Sept. 19, 1898, and Continues Twenty-Seven Weeks.

WITH LIST OF MATRICULATES AND GRADUATES FOR 1897-8.

Matriculates, 11,581. Graduates, 3,496.

* 1898 *											
JANUARY						JULY					
S	M	T	W	T	F	S	M	T	W	T	F
-	-	-	-	-	1	-	-	-	-	-	1
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14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	1	2	3	4	5	6
FEBRUARY						AUGUST					
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30	31	-	-	-	-	1	2	3	4	5	6
MARCH						SEPTEMBER					
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29	30	31	-	-	-	1	2	3	4	5	6
APRIL						OCTOBER					
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* 1899 *											
JANUARY						FEBRUARY					
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MAY						JUNE					
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25	26	27	28	29	30	31	1	2	3	4	5

CALENDAR—1898-9.

1898,

Sept. 15, Thursday—Examinations for entrance and advanced standing.

September 19, Monday—Winter Session of 1898-9 opens.

Oct. 3, Monday—Clinical Lectures at Cincinnati Hospital begin.

Nov. 24, Thursday—Thanksgiving holiday.

Dec. 21, Wednesday—Christmas holidays vacation, eleven days, begins.

1899.

January 2, Monday—Lectures resume.

February 22, Wednesday—Washington's birthday.

March 27, Monday—Term Examinations for Freshmen, Sophomores, and Juniors begin.

April 24, Monday—Senior Final Examinations begin.

May 9, Tuesday—Session closes with Commencement Exercises.

Annual Meeting of the Alumnae Association.

Lectures every day except the two holidays and the Christmas vacation.

Persons who change their residence and desire subsequent Announcements, should advise the Secretary, giving new address.

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Professor of Clinical Diseases of the Chest.

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Adjunct Professor and Demonstrator of Chemistry, and Demonstrator of Anatomy.

GEORGE W. BROWN, M. D., Newport, Ky.

Demonstrator of Histology, Pathology, and Bacteriology.

JOHN K. SCUDDER, M. D., 1009 Plum street, City,

Secretary of the Faculty.

EMERSON VENABLE, A. B., 3649 Vineyard avenue, City,

Instructor in Zoology, Physics, and Latin.

H. FORD SCUDDER, M. D., Hartwell, O.

Assistant Demonstrator of Anatomy.

CURTIS G. LLOYD, City.

Curator of the Botanical Museum.

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Clinical Instructor in Medical Diseases of Women and Children, and Out-Door Obstetrics.

KENT O. FOLTZ, M. D.

Clinical Instructor in Diseases of the Eye, Ear, Nose and Throat.

W. E. BLOYER, M. D.

Clinical Instructor in Medicine.

L. E. RUSSELL, M. D.

Clinical Instructor in Surgery and Operative Gynecology.

J. A. JEANCON, M. D.,

Clinical Instructor in Venereal Diseases and Diseases of the Chest.

INTRODUCTORY.

PERSONS contemplating the study of medicine usually ask the following questions: "What are the qualifications necessary for the beginner?" "What is the extent and character of the course of study?" "What expense does the full course involve?" "What opportunities will I have for success in practice as an Eclectic physician, in contradistinction to any other system of practice?"

In entering upon the consideration of these questions, it might be proper to state that our replies are all based upon the curriculum, course, and methods of instruction in the ECLECTIC MEDICAL INSTITUTE of Cincinnati.

This is the oldest and the foremost college of Eclectic medicine in the United States, having been incorporated in the year 1845. It was the successor of the Worthington Medical College, incorporated at Worthington, O., in 1833; consequently it is the oldest living Eclectic College. For the past fifty-three years this college has been one of the acknowledged leaders in all enterprises pertaining to the advancement of medical education, and to-day it is abreast of the most advanced schools in America, in each and every department of medicine, while in some particulars we believe it can lay claim to lead all others.

Qualifications of the Student. The qualifications of the student of medicine, or of those contemplating the practice of medicine, should be fourfold in nature. Their physical, mental, educational and moral qualities should be unimpeachable. The student of medicine requires naturally the constant use of his five senses, and an important part of his education consists in the special cultivation of certain of these faculties. Hence it is that any material defect, either natural or acquired, of the senses of hearing, sight, taste, smell, or touch, ought to make one hesitate before engaging in medical practice.

Mental Qualifications. Medicine, in both its study and practice, calls into constant use the faculties of observation, memory and reason. For this reason it must be said that those who are conscious of deficient powers of observation, and especially of memory, should not be encouraged to study medicine, unless they have other qualifications sufficiently developed to overcome these defects. The habit of study, together with a good general education, will go far to overcome slight deficiencies in these particulars. A fondness for the study of natural science, more particularly physics, chemistry, botany, physiology, and comparative anatomy, is of great advantage to one beginning the study or practice of medicine; and this is commendable, if the prospective student has a natural liking for these subjects. Yet in the modern medical course, a good student can become a good physician without a special liking for these studies at the start.

Educational Qualifications. In considering the present course of study and contrasting therewith the curriculum of the past ten years, we are at once impressed with the fact that the medical student of the present must have a broader and more thorough preliminary education than that demanded formerly. It is impossible for such training to be too thorough. While preliminary study in all departments will be of more or less use to the student in his college work, certain studies are more essential than others. A brief statement of the essentials will not be uninteresting.

(a) A person can not be considered qualified for the study of medicine who does not possess the ability to use the English language correctly. Medical colleges are fast recognizing the importance of this reasonable requirement, and each year witnesses more rigid exactions in the way of entrance examinations.

(b) A knowledge of mathematics requisite to a medical course should include common and mental arithmetic, and a fair understanding of the decimal system of weights and measures. It is also better to have some knowledge of the elementary rules of algebra.

(c) A knowledge of Latin sufficient to show a fair comprehension of scientific terms and formulæ employed in medicine, is now required in all high grade medical colleges. This accomplishment adds largely to the student's capacity for advancement, and he is fully compensated for the outlay by the time and labor saved in his future study. Arrangements have been made whereby those

attending this Institute receive Latin instruction during the first year in college, providing they are deficient in this respect. In addition, the Freshman class studies the general principles of physics and zoology.

Moral Qualifications. A physician should necessarily be unexceptional in every thing this term includes. All forms of vulgarity are usually signs of ignorance. Intemperance, profanity, dishonesty, or any form of dissipation, is likely to be considered a bar to the graduation of students, and on this ground alone we reserve the right to refuse a diploma.

The Course of Medical Study. Under the conditions of general education prevailing in the United States, the course of study in medicine necessarily differs somewhat from the course pursued in most European countries, in that with us it includes instruction in certain preparatory branches, which, in older countries, is always previously acquired in the academy or literary college.

In all first-class medical colleges in the United States, the studies of the course may be arranged in four classes, corresponding somewhat, though not closely, with the four years of medical study. The first class embraces what may be designated as the "preparatory" branches—physics, general chemistry, elementary biology, botany, zoology, history of medicine, microscopy, medical terminology, etc.

The second class of studies includes anatomy, physiology, medical chemistry, materia medica and pharmacy, general pathology, institutes of medicine, etc. These may be considered as the fundamental medical branches, on which the more practical studies are said to be based.

The third class of studies comprehends special pathology, diagnosis, surgery, obstetrics, practice and hygiene; also practical exercises in all these departments.

The fourth class embraces what are known as the "specialties," such as ophthalmology, otology and laryngology, gynæcology dermatology, neurology, physical diagnosis, pediatrics, medical jurisprudence, etc.

Practically, in the collegiate course, these classes overlay each other in many instances, and several of the studies are pursued through two or more years. But whatever may be the arrangement of studies in the curriculum, the entire course can not be

mastered in less than four full collegiate years. If, however, the student has enjoyed the privileges of a regular college course, and has obtained the degree in Arts or in Science, with suitable courses in physics, chemistry, biology, botany, zoology, anatomy, and physiology, he can be admitted without examination to the second year, thereby reducing his medical course to three years. This rule obtains in all first grade medical schools in this country. In our college, also graduates in dentistry and pharmacy, are admitted to the second year.

Cost of a Medical Education.

The expense of a college education in medicine is subject to much variation. The time devoted to the work of instruction by the teachers, their experience and skill, the expense of college and dispensary maintenance, and, more than all else perhaps, the facilities provided for the full elucidation and demonstration of each subject taught, including the support of well equipped and costly laboratories—all these vary in the different colleges, and consequently the college fees vary correspondingly. In many schools of America, and especially in all those in which the whole energy of the collegiate corporation is concentrated upon the single object of medical education (as contrasted with a university), the fees vary from seventy-five to two hundred dollars for each collegiate term. Besides these fees there is usually a matriculation fee of five dollars and a graduation fee of thirty dollars, and there are small incidental charges for dissecting material, and for breakage in the laboratories.

In the Eclectic Medical Institute, the charge is only \$75.00 per term, which includes everything—by scholarship only \$250.00. Add for books and instruments a further sum of seventy-five dollars, and the reader can compute the usual total expense of a course of study in a first-class college, for we claim to be second to none.

Opportunities for Success in the Practice of Medicine. It is sometimes said that the practice of medicine is over-crowded, The same complaint is heard respecting law, divinity, school teaching, agriculture, manufacturing and commercial business, and all the mechanical trades. It is true that a certain small proportion of those who graduate in medicine afterward drift into other lines of business, but the same phenomenon is to be seen in relation to all other forms and departments of industry. Of those who fail to

win success in medical practice, and finally abandon it, a portion would fail under any circumstances. They do not become successful physicians simply because they prove to be imperfectly adapted to its duties and responsibilities. No walk in life offers the inducements to those qualified that the profession of medicine extends.

Even if we admit that America has more physicians than are actually needed, which, considering the sparsity of her population as compared with that of Europe, is extremely doubtful, yet it is well known that in reference to Eclectic physicians no such statement can be proved correct. The United States is not at all adequately supplied with physicians of this school, nor is it likely to be for years to come. An examination of the Medical Directory of the United States, published by R. L. Polk & Co., will show that there are hundreds and hundreds of towns and cities in this country, having populations varying from a few hundreds to several thousands, in which there is not a single *Eclectic* physician; besides, hundreds of other towns and cities exist in which there are abundant opportunities for additional physicians of our school. The well trained Eclectic medical graduate has every reason to anticipate for himself an honorable and lucrative business.

Eclecticism, as a system of medical practice, is just completing its 74th year. It is no longer an experiment, but an established and potent factor in our scientific and social world, and as likely to be permanent as any other doctrine now held in the whole realm of art and science. This system, at the present time, has over ten thousand practitioners in the United States; and they are as widely known and as highly distinguished for their learning and skill as are other physicians in this and other countries. They are filling positions of honor in colleges, hospitals, and societies, in literature, in sanitary boards and other governmental relations, equally with their fellows of other schools. The constantly growing population of the new system of medicine, and the ever-increasing influence of its practitioners in all governmental and social relations, seem to make the Eclectic profession of medicine one of the most inviting and prominent avenues open to those whose physical, moral, and intellectual qualifications fit them for its duties and responsibilities.

ANNOUNCEMENT.

Session of 1898-9,

NOTE.—These regulations refer particularly to new students and graduates of the years 1900, 1901, and 1902. For particulars in regard to the requirements for graduation in 1899, see regulations on page 19.

Fifty-Fourth Annual Session.

The Fifty-Fourth Annual Session of the Eclectic Medical Institute will begin on Monday, September 19, 1898, and continue twenty-seven weeks for Freshmen, Sophomores and Juniors, and eight months for Seniors.

Entrance Examinations.

An entrance examination will be held on Thursday, September 15, at 9 A. M., for students entering the College who are unable to furnish the necessary credentials as required by the regulations. This will include the following :

1. An English Composition of not less than 200 words.
2. Higher Arithmetic.
- *3. Elementary Physics, or Natural History.
- *4. Latin Prose.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches in this second examination shall not be admitted to a second course.

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first or second year students, will be held by the respective professors Sept. 15, 16.

Students who have attended two or three sessions elsewhere (or graduates in medicine from other colleges), will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work.

Term Examinations.

Throughout the course, daily examinations or quizzes are held by the Professors, thus aiding the student's memory, and assuring his continued advancement. The Freshman, Sophomore and Junior

*Students can pursue these branches the first year in college.

examinations will begin March 27, and the Senior final examinations will be conducted in writing, beginning April 24, and at no other time. Candidates for graduation can be examined only at this time.

No Private Quiz Classes.

All the instruction in this college is given in the regular lectures, and regular, every day quizzes. No private classes for which students must pay an additional fee, are allowed. There are no special courses to add to the student's expense. In many colleges the "extras" are said to approach the cost of regular tuition.

Reading Medicine.

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instruction.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text books :

1. Elementary Physics. *Steele's Fourteen Weeks in Physics.*
2. Elementary Zoology. *School Zoology, Burnet.*
3. Chemistry. *Lloyd's Chemistry of Medicines.*
4. Physiology—elementary parts, circulation, respiration, etc.
Kirke's Hand-Book of Physiology.
5. Osteology and General Anatomy. *Gray.*
6. Specific Diagnosis and Specific Medication. *Scudder.*
7. Principles of Medicine. *Scudder.*
8. Latin. *Robinson's Latin Grammar of Medicine and Pharmacy.*

State Laws.

Each matriculate must study medicine four years, and take three annual courses of lectures of at least six months each, in California, S. Dakota, Utah, Nebraska, Connecticut, and Massachusetts ; and four years of six months each, in Oregon, Iowa, Montana, Ohio, Illinois, Missouri and Colorado, before he can practice medicine in those States.

No graduate can practice medicine in Minnesota, Washington, New Jersey, North Dakota, Alabama, New York, Pennsylvania, Maryland, Virginia, North and South Carolina, Georgia, or Florida, without undergoing an examination before a State board, in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States. Other States will probably soon enact similar laws.

Fees.

For Single Session's Tuition.....	\$75.00
Chemical Laboratory Course.....	Free
Histological and Pathological Laboratory Course.....	Free
No extra charge for matriculation or demonstrator's fees. or for dissecting material.	
Scholarship fee.....	\$250.00
(This includes all the foregoing, and is good for four or more sessions. It can be paid in three installments; at the begin- ning of the first session, \$100.00; second session, \$100.00; third session, \$50.00. It is transferable for two sessions, if the holder has matriculated for one session; or transferable for one session if he has matriculated for two sessions.)	
Graduation Fee (returnable in case of failure).....	25.00
Cincinnati Hospital Ticket.....	5.00
One session's Tuition to Graduates of a recognized medi- cal college, including graduation fee.....	75.00
Same without re-graduation.....	50.00
The fees are cash in all cases.†	

System of Scholarships.

That there should be no excuse for poor attainments and possible failure, this college has provided a system of scholarships which enables the student, at a moderate cost, to attend college until he is thoroughly prepared. Not only this, but a full seven months course of instruction each year is provided, with all the apparatus and means of instruction of the best colleges in the land, and earnest, educated teachers to assist at every step. The scholarship of \$250.00 includes all the fees for lectures, demonstrator's fees in anatomy, chemistry and microscopy. This scholarship is transferable under the conditions previously noted.

Hospital and Clinical Facilities,

Students have two hours of clinical instructions daily in the Cincinnati Hospital. In addition to this, there will be clinical instruction two hours in the college building daily, upon diseases of the eye, ear, nose and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that, in surgical cases, the charge will only be sufficient to cover the necessary attendance after operations.

† Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.

Hospital Internes.

CINCINNATI HOSPITAL.—Arrangements have been perfected whereby Junior and Senior students of our College can take the competitive examination in March, 1899, for eight positions of *internes*, four of whom go on duty in April, and four the following October. The internes serve eighteen months each. If the successful applicants be Juniors, their hospital service is considered the equivalent of the fourth regular year in college.

DEACONESS' HOSPITAL, DAYTON, O.—The competitive examination of Senior students for two internes for one year's service, is open each April to students of our college on equal terms with those of all others. This large and well equipped general hospital of 125 beds is controlled by the Deaconess Society, a Methodist organization.

THE ST. MARY'S (BETTS' ST.) HOSPITAL, CINCINNATI.—This large general hospital, conducted by the Sisters of Charity, has lately arranged for the admission of two internes each year, in April, by competitive examination. The period of service is one year.

These opportunities to secure positions as internes give successful students a most thorough and practical hospital finish to their medical education.

Surgical Operations.

In the past we have been somewhat handicapped in being compelled to place patients in the different private hospitals in the city. In 1895 arrangements were completed whereby patients may be placed in the private wards of the Cincinnati Hospital, which is only two squares from the college. The cost of board and nursing is \$14.00 per week. The hospital trustees have granted us the use of their large clinical amphitheater, seating 600 students, and Prof. Russell and other members of the faculty operate before our class FREE, on clinical cases—Wednesdays, at 10:45 A. M., or Saturdays at 10:45 A. M.

Clinical Amphitheater.

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894; the basement and first floors of the college building have been remodeled, fitted up for clinical use only, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

Dissections.

Under the new anatomical act, dissections are legalized in this State, and the bodies of persons dying in public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three dissections instead of one.

Library.

The library of the Institute, containing several thousand volumes, was destroyed at the time of the burning of the old building. A new working library of five hundred volumes is now at the command of the students. Open Wednesdays at 1:30 p. m. Books can be kept one week for reference. The Secretary will also procure books from the public and Lloyd libraries for the use of students.

Boarding.

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students may board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring with them a sufficient quantity of bed covering.

Information.

Students arriving by railroad will do well to take the omnibus ticket, and have their baggage taken immediately to the college building, Court and Plum streets, where they will get all the necessary information in regard to boarding and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification, and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save him much trouble if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY,
1009 Plum St., Cincinnati.

Long Distance Telephone 2062.

COURSE OF STUDY.

The course of study in this College is known as the **FOUR YEARS GRADED COURSE.** (See Regulations.)

Anatomy.

Prof. W. E. Bloyer gives four lectures a week to students of the first year, and four lectures to students of the second year. The illustrations include models, plates, wet and dry preparations, as well as fresh dissections on the cadaver. Students should have the use of a set of bones to assist them in the study of osteology. Two prosecutors are appointed each session to previously dissect the part of the cadaver on which the day's lecture will be given. H. W. Felter, M. D., the Demonstrator, will personally direct the students in their dissections five days in the week, in connection with the Assistant Demonstrator. Classes of five will work on each subject. *Text Books:* *Gray's Anatomy*, *Nancrede's Anatomy*, *Holden's Landmarks*, and *Hayne's Manual of Dissections*.

Physiology.

Prof. Watkins gives two lectures per week to the students of the first and second years, supplementing his didactic teaching with plates, diagrams, and models. *Text-Book:* *Kirke's Physiology*.

NORMAL HISTOLOGY—PATHOLOGICAL HISTOLOGY.

Geo. W. Brown, M. D., will instruct second year students in the practical use of the microscope, the mounting of specimens, and the normal histological appearance of animal tissues. The class is divided into sections of sixteen, and research will be carried into the field of pathological histology. This work, which is usually done in the first year in medical colleges, has been transferred to the second year, as it has been found by experience that students with a good knowledge of anatomy, physiology, and chemistry, are enabled to make much better progress.

Chemistry and Pharmacy.

Prof. Felter will hold two recitations and quizzes each week for students of the first year, and give one lecture per week to students of the second year. Prof. Lloyd will give one lecture a week on medical chemistry and pharmacy to third year students. Special attention is given to the examination of urine, poisons, and their antidotes. Professor Felter instructs the students of the first year of the course in

the chemical laboratory. The class is divided into sections of thirty-two, and the course embraces the simpler experiments, analyses of urine and potable waters. All the necessary apparatus and chemicals are furnished free. *Text-Book: Lloyd's Chemistry of Medicines.*

Materia Medica and Therapeutics.

Professor Locke will give four lectures per week on these important subjects to students during the second and third years: the principles of drug action, methods of proving medical substances, and the specific effects produced by drugs in diseased conditions. The principles of specific medication, the foundation of the Eclectic school of practice, will be thoroughly inculcated into the minds of the class. *Text-Books: Locke's Syllabus of Eclectic Materia Medica and Therapeutics, Scudder's Materia Medica and Therapeutics, King's American Dispensatory, Scudder's Specific Medication.*

Principles and Practice of Medicine.

Professor Thomas will give one lecture each week to the students of the second and third years on the principles of medicine, and three lectures each week to the third and fourth year students on the practice of medicine. *Text-Books: Scudder's Principles of Medicine, Scudder's Practice of Medicine.*

Medical Clinics.

Two general medical clinics are conducted each week by Professor Bloyer. At these clinics careful attention will be paid to diagnosis and the general, and more especially the Eclectic treatment according to the well known doctrines of Specific Medication. Quality instead of quantity, will be sought for in the clinic. The Senior students will be required to make personal examination and treatment of cases; also to attend out door patients under suitable supervision.

Pathology.

Professor Watkins will deliver one lecture each week to students of the third and fourth years. *Text-Book: Green's Pathology,*

Diagnosis and Hygiene.

Professor John R. Spencer will lecture 16 times to students of the first and second years on Hygiene, and 16 times on Physical Diagnosis. Professor Jeancon will also hold one clinic each week on Venereal Diseases and Diseases of the Chest. *Text-Books: Rohe's Hygiene: Loomis' Physical Diagnosis.*

General Surgery.

Professor Edwin Freeman will have charge of didactic surgery. Four lectures each week will be given to students of the third and fourth years, who will be instructed in the most approved methods of operating. The lectures will be illustrated by charts, models and

operations on the cadaver. *Text-Books: Keen's American System of Surgery*, Howe's Fractures and Dislocations, Martin's Essentials of Surgery.

Clinical Surgery.

This department will be under the charge of Professor Russell. He will conduct two clinics each week at the Cincinnati Hospital.

Professor Russell will hold one clinic each week at the college. In addition to the instructions afforded the entire class, senior students will be allowed to perform minor operations, apply dressings, etc. Preceptors should remember that all operations before the class are free, and that the necessary after attentions and board can be secured at small cost. Arrangements can be made for operations to take place any time during the week.

Obstetrics, Gynæcology, and Pediatrics.

Professor Wintermute will lecture four times a week on Obstetrics, Gynæcology, and Pediatrics to students of the third and fourth years. Special attention will be given to instruction on the manikin. Senior students must attend at least one out-door patient in confinement, under the direction of Professor Wintermute. Arrangements have been made to assure to each graduate at least one delivery—*Text-Book: King's Obstetrics* (Wintermute's Revision),

Gynæcological Clinics.

Professor Wintermute holds one clinic per week on medical diseases of women. At the sub-clinics senior students will be required to examine cases, and familiarize themselves with the various gynæcological instruments and appliances, and prescribe remedies.

Operative Gynæcology.

Professor Russell will deliver one lecture each week to third and fourth year students on this important subject. He will also hold one clinic each week at the Cincinnati Hospital.

Latin, Physics, and Zoology.

The Eclectic Medical Institute was the first Eclectic College to require an elementary knowledge of Latin of the matriculate. Mr. Emerson Venable, A. B., will conduct a class in these branches for all first-course students. *Text-Books: Robinson's Latin Grammar of Medicine and Pharmacy; Steele's Physics; Burnet's Zoology.*

Eye, Ear, Nose and Throat.

Professor Kent O. Foltz, M. D., will give two lectures each week to third and fourth year students. He will also conduct two clinics each week, at which special attention will be given to treatment by specific medication. The senior student will have an opportunity of

making diagnoses, witnessing operations, learning the use of the ophthalmoscope, and fitting glasses. *Text-Books: Nettleship on the Eye. Sajous on the Nose and Throat.*

Medical Jurisprudence.

On this important subject, W. L. Dickson, A. M., LL. B., will deliver fifteen lectures each session to third and fourth year students.

Mental and Nervous Diseases.

Professor McMillen will deliver sixteen lectures each session to students of the third and fourth years. This important subject is now given the attention it demands.

Electro-Therapeutics.

Professor John R. Spencer will deliver sixteen lectures to second and third year students, illustrating his course with suitable apparatus.

NOTE.—From the text books heretofore mentioned the student should provide himself with those printed in italics. He should also have either Gould, Lippincott, Thomas, or Dunglison's Medical Dictionary.

Schedule of Hours—Four Years Course.*

FIRST YEAR.			
HOURS		HOURS	
Hygiene	16	Dissections.....	78
Anatomy.....	104	Latin.....	26
Chemistry.....	52	Physics....	26
Physiology.....	52	Zoology.....	26
Chemical Laboratory.....	39	Total.....	419
SECOND YEAR.			
Dissections.....	39	Principles of Medicine.....	26
Anatomy.....	104	Hygiene.....	16
Physiology.....	52	Physical Diagnosis.....	16
Histological Laboratory.....	52	Electro Therapeutics.....	16
Chemistry.....	26	Hospital Clinics.....	312
Materia Medica.....	104	Total.....	763
THIRD YEAR.			
Electro-Therapeutics.....	16	Pathology.....	26
Anatomy.....	26	Surgery.....	104
Pharmacy.....	26	Obstetrics	104
Materia Medica....	104	Operative Gynæcology.....	26
Medical Jurisprudence.....	16	Eye and Ear.....	26
Mental and Nervous Diseases.....	16	Nose and Throat.....	26
Principles of Medicine.....	26	College or Hospital Clinics.....	312
Practice.....	78	Total.....	932
FOURTH YEAR.			
Practice.....	78	Medical Jurisprudence.....	16
Pathology.....	26	Mental and Nervous Diseases.....	16
Surgery... ..	104	College Clinics.....	260
Obstetrics	104	Hospital Clinics.....	52
Operative Gynæcology.....	26	Total.....	734
Eye and Ear.....	26		
Nose and Throat.....	26		

* Subject to modifications.

REGULATIONS.

Requirements for Entrance—Certificate of Study.

For matriculation the Faculty requires :

1. A certificate of good moral character.
2. Diplomas of graduation from graded high school, literary or scientific college or university, a second grade teacher's certificate, or, if from New York State, a Regent's medical student's certificate.

Students must have an *elementary* knowledge of Latin.*

Lacking one of the foregoing educational credentials students will be admitted conditionally and allowed one year to procure a Teacher's Certificate, or they may submit to

An Examination by a Committee of the Faculty, as follows.

1. An English composition of not less than 200 words.
2. Higher Arithmetic.
- *3. Elementary Physics or Natural History.
- *4. Latin Prose.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association, the Homœopathic College Association, and the National Confederation of Eclectic Medical Colleges, and the minimum requirements of the several State Boards of Health.

Graduates in (a) dentistry or (b) pharmacy, (c) a recognized literary college, and (d) students who have attended one annual session at an accredited medical college are admitted as second year students without examination.

Students who have attended two annual sessions elsewhere are admitted to the third year course on passing examinations of the first and second year's work. Graduates of accredited medical colleges are admitted to the fourth year on passing certain primary branches. (See page 10.) If they pass the majority of these examinations they will be admitted, and allowed to make up any deficiencies during the fourth year.

*Students who can not offer Latin or Physics will be given an opportunity of studying same during the first year at the college under a competent instructor without charge.

For Graduation.

Students applying for graduation must be at least twenty-one years of age, and must have read medicine four years, and also attended four annual sessions of not less than twenty-seven weeks each, the last of which, at least, must have been in this college.*

Time of reading includes college attendance. All students must have taken the chemical and histological laboratory course, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half of a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the Dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure), and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examination.

A rejected candidate may be re-examined, at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

Commencement Exercises.

General arrangements in regard to the Commencement exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the class for the Commencement exercises.

*To constitute a full term or session the absence must not exceed one month in the aggregate.

†Students who attended here or in some other accredited medical college prior to May, 1897, will be allowed to apply for graduation after having read medicine for four years, and attended three sessions of eight months each in three collegiate years. This privilege will be withdrawn after the graduation of the class of 1899. Students who have matriculated here in years past can not under any circumstances claim graduation under requirements then in force.

Rules Governing the Standing of Students and Examinations.

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, in written quizzes, and final term examination.

2. The grades will be made upon the scale of 100. 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80 passed; 60 to 70, conditioned; below 60, failed. The passing mark from one year to another will be a *general average* of 70 per cent.

3. Students of the first, second and third years who are conditioned must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fails upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session, on such branches as may be determined, before he will be eligible for re examination.

5. Candidates for graduation must secure a *general average* of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

Rules of Conduct,

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories, and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of the professor or lecturer.

3. Smoking in any part of the building, except in the dissecting room, is not permitted.

4. Defacing the walls or furniture in any manner is strictly prohibited.

5. All damage done to college property must be made good by the individual doing the damage.

6. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

7. Infringements of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension, by the Dean, as the nature of the case, in his judgment requires, or expulsion from the college, when concurred in by the trustees.

ORDER OF EXERCISES—1898-9.

FIRST YEAR—Freshmen in Four Years Course.

Hours.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
7:30 a m	Anatomy.	Chemistry.	Anatomy.	Anatomy.	Chemistry.	Anatomy.
8:45 a m	Dissections or Chem. Lab.	Same.	Same.	Same.	Same.	Same.
9:45 a m						
2 p m		Physiology			Physiology	
8 p m			Hygiene.		Hygiene.	
4 p m	Latin.		Physics.		Zoology.	

SECOND YEAR—Sophomores in Four Years Course.

Hours.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
7:30 a.m.	Anatomy.	Chemistry.	Anatomy.	Anatomy.	Chemistry.	Anatomy
8:45 a m	Dissections Histology or Hospital	Same.	Same.	Same.	Same.	Same.
9:45 a m						
10:45 a m	Prin. Med.					
2 p m		Physiology	Chemistry.	Physiology		
3 p m	Mat. Med.	Mat. Med.	Hyg. & P.D.†	Mat. Med.	Mat. Med.	
4 p m	Hyg. & P.D.†					

† 16 Lectures on Hygiene, followed by 16 Lectures on Physical Diagnosis, and 16 on Electro-Therapeutics.

JUNIORS in Four Years Course and SENIORS in Three Years Course.

Hours.	Monday.	Tuesday.	Wednes.	Thurs.	Friday.	Saturday.
8:45 a m	Lecture. Eye & Ear,	Clinic. Venereal Diseases.	Clinic. Women.	Clinic. Vener Dis. Phys. Diag.	Y. M. C. A.	Lecture. Nose & Th.
9:45 a m	Clinic. E. E. N. & T.	Clinic Medicine.	Clinic. Surgery.	General Clinic.	Clinic Medicine.	Clinic. E. E. N & T.
10:45 a m		Practice.	Hospital,	Practice.	Practice.	Hospital. Surgical Clinic.
11:45 a m	Obstetrics.	Obstetrics.	Oper. Gyne.	Obetetrics.	Dis. W. & C.	
2 p m.	Pathology.					
3 p m.			P. D. & Elec.			
4 p m.	P. D. & Elec.	Surgery.	Surgery.	Surgery.	Surgery.	

Subject to modification. Senior schedule in four years course to be announced later.

LIST OF MATRICULATES.

SENIORS—Class of 1898.

NAMES.	PRECEPTORS.	STATE.
Arnold, Orion T., "Ph. G.".....	Dr. J. H. Snyder,	Missouri.
Ballmer, Emil A.....	Dr. W. L. Robinson,	Ohio.
Behymer, Carroll.....	Dr. Edwin Behymer,	Ohio.
Bowles, Thomas.....	Dr. J. P. Marvin,	Ohio.
Bromley, A. Wayne.....	Dr. L. H. York,	W. Va.
Burrow, De E, "B. S.".....	Dr. R. C. Burrow,	Kentucky.
Deering, Wayland W.....	Dr. O. L. Rivenbark,	Florida.
*Dill, Elizabeth.....	Dr. W. C. Dill,	Indiana.
Dodds, Thomas C.....	E. M. Institute,	Indiana.
Duke, Herman. C.....	Dr. W. B. Duke,	Ohio.
Eastman, Mrs. Louise.....	Dr. Ella P. White,	Ohio.
Emerson, Ralph W. "A. B.".....	E. M. Institute.	Indiana.
Esch, Joseph I.....	Dr. J. H. Hazen,	Wisconsin
Hagen, J. Stewart.....	Dr. J. R. Spencer,	Ohio.
Harbert, John P.....	Drs. Robison & McCann,	Indiana.
Hardwick, Richard.....	Dr. L. H. York,	W. Va.
Hite, Edward A.....	Dr. W. H. Newlin,	Indiana.
Holcomb, Henry C.....	Practitioner,	Ohio.
Jackson, Charles S.....	Dr. L. E. Russell,	Ohio.
Jones, Odell U.....	Dr. B. K. Jones,	Ohio.
Kinyon, Elias L.....	Dr. M. L. Marsh,	Conn.
Knox Frank L.....	Dr. G. A. Knox,	Penn.
Langman, William C.....	Dr. S. H. Davis,	Indiana.
Larway, John L.....	Dr. J. P. Hetherington,	Indiana.
Martin, James J.....	Dr. G. E. Lingle,	Ohio.
McLeod, Gus, "B. A.,".....	Drs. Halbert,	Miss.
McNeal, Geo. L.....	Dr. G. W. Davis,	Indiana.
Olsen, Charles L.....	Dr. A. Engberg	Utah.
Pogue, John T.....	Practitioner,	Texas.
†Pressler, Adelaide.....	Dr. G. O. Erni,	Kentucky.
Purkhiser, Will S.....	Dr. W. C. Underwood,	Ohio.
Rogers, Ivadell, "A. B.".....	Dr. W. N. Mundy,	Ohio.
Ross, Leo. M.....	Dr. Lyman Watkins,	Ohio.

* Deceased March 11, 1898.

† Attendance Incomplete.

Russell, A. Raleigh	Drs. Van Horn,	Ohio.
Shewman, Eben B.	Dr. R. L. Thomas,	Ohio.
Shriner, William C.	Dr. W. W. Shriner,	Indiana.
Siddall, John D.	Dr. William A. Fahl,	Ohio.
Sloan, Herbert E., "B. A."	Dr. E. Sloan,	Ohio.
Smith, William K.	Dr. Eben Behymer,	Ohio.
Smith, Edwin E., "B. S."	Dr. S. G. Nordstrum,	Iowa.
Smith, J. De Forest	Dr. W. E. Smith,	Missouri.
Stemler, Albert S.	Dr. A. Hembold,	Kentucky.
Sutter, John J.	Dr. E. J. Dech,	Ohio.
Swisher, William H., "Ph. G." ..	Dr. G. O. Dickey,	Ohio.
Taylor, Ralph B., "B. A."	Dr. A. P. Taylor.	Ohio.
Tharp, Silas P.	Dr. E. T. Behymer,	Ohio.
Thomas, Martin L.	Practitioner,	Neb.
Todd, Harry D.	Dr. L. E. Russell,	Ohio.
Turner, Otis M.	Dr. J. O. McDowell,	Illinois.
Waterhouse, Thomas W.	Practitioner,	N. Y.
White, John W.	Dr. J. A. Monroe,	Penn.
Woodford, Elmer L.	Dr. E. H. Dodson,	W. Va.
Total, 52.		

JUNIORS—Class of 1899.

NAMES.	PRECEPTORS.	STATE.
Ambrose, William H.	Dr. H. W. Felter,	Ohio.
Anderson, Axel M.	Eclectic Medical Inst.	N. York.
Ashabranner, Jas. H.	Dr. S. T. Rogers,	Indiana.
Athey, J. Van.	Dr. H. M. Campbell,	W. Va.
Barker, Harry E.	Dr. H. W. Felter,	Ohio.
Barnes, Theodore.	Dr. J. W. White,	Iowa.
Bennett, Algernon E.	Dr. A. P. Taylor,	Ohio.
Bittner, Charles R.	Drs. Lenhart & Livengood,	Penn.
Bittner, Edward F.	Drs. Lenhart & Livengood,	Penn.
Blosser, Howard V. "B. S"	Dr. S. F. Welty,	Ohio.
Brown, De Ella, "B. A"	Drs. Baldridge,	Indiana.
Buck, Burton B.	Dr. E. W. Schooley,	Ohio.
Bush, Warren.	Dr. A. B. Bush,	W. Va.
Carper, Daniel W.	Dr. C. L. Davis,	Illinois.
Cheney, Wesley G.	Dr. W. B. Duke,	Ohio.
Cleverdon, Phineas.	Dr. H. B. Kirkland,	Ohio.
Covert, Ora F.	Practitioner,	W. Va.
Davenport, Hilbert F.	Dr. W. W. Shriner,	Indiana.
Dickason, Francis M.	Eclectic Medical Inst.	Indiana.
Dickey, Ross V.	Dr. G. O. Dickey,	Ohio.
†Dinwiddie, Frank G.	Dr. J. T. McClanahan,	Missouri.
Ellsworth, Kell M.	Dr. H. S. Brown,	Ohio.

Emery, Anna Mae.....	Dr. Louisa M. Emery,	Ohio.
Gage, Willard H.....	Dr. W. T. Gemmill,	Ohio.
Gardner, Lee B.....	Dr. W. H. Hawley,	N. York.
Gilmore, Lewis L.....	Drs. Williams & Goldman,	Indiana.
Grace, Regis H.....	Dr. E. A. Wolf,	Ohio.
Grandstaff, John C.....	Dr. J. L. Smith,	Indiana.
Hauck, Joseph H.....	Dr. J. H. Baldridge,	Indiana.
Hester, Eugene E.....	Dr. S. H. Van Doren,	Illinois.
Hobby, Allen W.....	Dr. S. G. Goode,	Ohio.
Holtzmuller, Chas.....	Dr. S. H. Cloyd,	Ohio.
Hughes, David J.....	Eclectic Medical Inst.	Ohio.
Iden, Oliver L.....	Dr. J. F. Iden,	Ohio.
Kerr, Wm. A. B. "B. A.".....	Eclectic Medical Inst.	Ohio.
Lanier, Chas. A. "B. A." "C. E."..	Drs. Halbert,	Tenn.
Lehr, Wm. F.....	Dr. W. T. Gemmill,	Ohio.
Leming, William.....	Dr. W. W. Barber,	Indiana.
Lockhart, Thos. L. "B. A.".....	Eclectic Medical Inst.	Indiana.
Martin, Chas. E.....	Dr. M. D. Foster,	Illinois.
Maupin, Joel D.....	Dr. I. N. Crowder,	Missouri.
McKee, Chas. E.....	Dr. R. O. Campbell,	Ohio.
McLaughlin, Samuel M.....	Dr. A. H. McLaughlin,	Illinois.
Mitchell, Frank G.....	Dr. Wm. Mitchell,	Ohio.
Mitchell, Natalin V.....	Dr. J. H. Mitchell,	Texas.
Michener, Robison	Dr. H. Michener,	Oregon.
Morey, Mary B.....	Dr. L. L. Beach,	Texas.
Morrill, James J.....	Dr. G. T. Fuller,	Kentucky
Naus L. Walter.....	Dr. W. T. Gemmill,	Ohio.
Parsons, Bert R.....	Dr. E. Gamble,	N. York.
Payne, John L.....	Dr. J. H. Moore,	Ohio.
Peterson, Marcellus L.....	Dr. W. C. Underwood,	Ohio.
Pruitt, Chas. C.....	Dr. J. W. Pruitt,	Ark.
Rauch, Kimmel.....	Dr. Wm. Rauch,	Penn.
Rechel, Conrad.....	Eclectic Medical Inst.	Ohio.
Reed, John F.....	Dr. S. L. Reefy,	Illinois.
Reynolds, Bushnell Ray	Dr. R. H. Reynolds,	Ohio.
Richardson, James L.....	Dr. G. T. Fuller,	Kentucky
Ridenour, John W. "B. A.".....	Dr. S. F. Weltey,	Ohio.
Scott, Walter R. "B. A."	Dr. A. O. DeWitt,	Kansas.
Shafer, Harry A.....	Dr. E. T. Behymer,	Ohio.
Simon, Jefferson B.....	Dr. W. O. Grim,	W. Va.
Sloan, Nannie M.....	Dr. John D. Evans,	Penn.
Smith, Harry Clyde.....	Dr. P. F. Price,	Iowa.
Spindel, Enos.....	Dr. S. L. Reefy,	Illinois.
Stedem, Frank P.....	Dr. C. S. Davis,	Illinois.
Steele, John V.....	Dr. R. Truitt,	Missouri.
Strosnider, James N.....	Dr. T. H. Miller,	W. Va.

Vail, James L,	Dr. J. F. Lewis,	Ark.
Wheat, Wallace W.	Dr. R. A. Baldrige,	Indiana.
Wood, Lawrence O. "B. S."	Dr. B. F. Felix,	Kentucky
Wottring, Louis C.	Dr. A. Shuey,	Ohio.
Wren, William C.	Dr. A. N. Herring,	Ohio.
†Yoder, Allen L.	Dr. C. P. Lenhart,	Penn.
Zeumer, Elbert.	Dr. J. H. Duncan,	Ohio.
Total 75.		

SOPHOMORES—Class of 1900.

NAMES.	PRECEPTORS.	STATE.
Baldrige, Clifford J., "B. L." ...	E. M. Institute,	Kentucky
†Clopper, Edward N., "B. S." ...	E. M. Institute,	Kentucky
Hilliard, Hercules C., "Ph. G." ..	Dr. R. S. Killough,	Ohio.
Leslie, James F.	E. M. Institute,	Kentucky
Mason, Sherman W.	Dr. L. S. Livingston,	Penn.
Riggs, Lawrence K.	Dr. O. H. Riggs,	Ohio.
Total, 6.		

FRESHMEN—Class of 1901.

NAMES.	PRECEPTORS.	STATE.
Archer, Alex.	Dr. F. P. Hatfield,	Kansas.
Bixel, Peter D.	Dr. W. G. Bradshaw,	Ohio.
Bogart, Walter S.	Dr. W. C. Cooper,	Ohio.
Bonar, Hubert.	Dr. Will T. Crow,	W. Va.
Brodberger, William.	Dr. G. S. Couch,	Ohio.
Conrad, Jesse.	Dr. W. S. Turner.	Ohio.
Converse, Ray V.	Dr. E. A. Converse,	Indiana.
Dech, Schuyler H.	Dr. E. J. Dech,	Penn.
DeCrow, Reaves Warren.	Dr. H. De Crow,	Ohio.
Gilmore, Park McC.	E. M. Institute	Kentucky.
Graham, William H.	Dr. Charles Davis,	Ohio.
Harvey, Edwin R.	Dr. L. A. Perce,	Ohio.
Hunter, Charles M.	Dr. F. C. Hunter,	Ohio.
Longfield, Fred. J.	Dr. J. Longfield,	Missouri.
McNinch, James R.	Dr. J. A. Monroe,	Penn.
Mercer, Edward H.	Dr. B. W. Mercer,	Ohio.
Miller, George R.	Dr. T. H. Miller,	W. Va.
Miller, William C.	Dr. A. M. Zebold,	Ohio.
Phipps, Charles E.	E. M. Institute,	Ohio.
Reiff, Chris. W.	Dr. Henry Carter,	Indiana.
Shirer, Lewis.	Dr. A. J. Cook,	Indiana.
Smith, Willard O.	Dr. J. L. Smith,	Indiana.

Smith, Samuel F.....	Dr. S. H. Spencer,	Ohio.
Stephens, William L.....	Dr. C. P. Stephens,	Indiana.
Thompson, Da Costa.....	E. M. Institute,	Ohio.
Van Buren, R. Carl.....	Dr. W. T. Gemmill,	Ohio.
Wachtendorf, Fred. G.....	E. M. Institute,	Ohio.
Neldon, C. Marion.....	Dr. M. H. Hennel,	Ohio.
Werner, William L.....	Dr. W. A. J. Brown,	W. Va.
Whitacre, Fred. R.....	Drs. Somers & Snyder,	Ohio.
+Wilson, R. Burdette.....	Dr. Charles E. Ream,	Ohio.
Wrightman, Andrew E.....	E. M. Institute,	N. Y.
Wuist, J. Fred.....	Dr. H. B. Lyons,	Ohio.
Total, 33		

LIST OF GRADUATES, 1898.

NAMES.	SUBJECT OF THESIS.	STATE.
ARNOLD, ORION T., "Ph. G."	Sexual Neurasthenia,	Mo.
BALLMER, EMIL AUGUST,	Physiology of Habit,	Ohio.
BEHYMER, CARROLL,	Vaccination,	Ohio.
BOWLES, THOMAS,	Phthisis Pulmonalis,	Ohio.
BROMLEY, A. WAYNE,	Hæmoptysis,	Ky.
BURROW, DE E. "B. S."	Syphilis,	Ky.
DEERING, WAYLAND W.	Incipient Lunacy,	Florida.
DODDS, THOMAS CLARENCE,	Dysmenorrhœa,	Indiana.
DUKE, HERMAN CLYDE,	Abortion,	Ohio.
EASTMAN, MRS. LOUISE,	Parturition without Pain,	Ohio.
EMERSON, RALPH W. "A. B."	The Ideal Type,	Indiana.
ESCH, JOSEPH IRA,	Abortion,	Wis.
HAGEN, J. STEWART,	Anesthesia,	Ohio.
HARBERT, JOHN PARKISON,	Dietetics,	Indiana.
HARDWICK, RICHARD,	Inguinal Hernia,	W. Va.
HITE, EDWARD A.	Management of Labor,	Indiana.
JACKSON, C. SUMNER,	Puerperal Septicæmia,	Ohio.
JONES, ODELL U.	Appendicitis,	Ohio.
KNOX, FRANK LESLIE,	My Vacation Experience,	Penn.
LANGMAN, WILLIAM CHARLES,	Heredity and Degeneration,	Indiana.
LARWAY, JOHN LYTLE,	Iritis,	Indiana.
MARTIN, JAMES JOSIATH,	Diphtheria,	Ohio.
MCLEOD, GUS, "A. B."	Management of the Puerperium,	Miss.
MCNEAL, GEORGE L.	Inflammation,	Indiana.
OLSEN, CHARLES L.	Herbs as Medicines,	Utah.
PURKHISER, WILLIAM S.	Anesthetics and Anesthesia,	Ohio.
ROGERS, IVADELL, "A. B."	Psychical Influence,	Ohio.
ROSS, LEE M.	Gastric Disorders,	Indiana.

RUSSELL, ARTHUR R.	Diabetes Mellitus,	Ohio.
Shewman, Eben Benjamin,	Cirrhosis of the Liver,	Ohio.
SHRINER, WILL C.	Antique Medicine,	Indiana.
SIDDALL, JOHN D.	The Physician Himself,	Ohio.
SLOAN, HERBERT E., "B. A."	Prophylaxis,	Ohio.
SMITH, EDWIN E., "B. S."	Care of the new-born Infant,	Iowa.
SMITH, J. DeFOREST.	Small Points in Med. & Surgery,	Mo.
SMITH, WILLIAM K.	Sleep, Nature's Restorer,	Ohio.
STEMLER, ALBERT S.	Headaches,	Ky.
SUTTER, JOHN JAY,	Conduct in a Sick Room,	Ohio.
SWISHER, WM. H. "Ph. G."	Microscopical Examination of	
	Croupus Pneumonia,	Ohio.
TAYLOR, RALPH B. "A. B."	Reflex Causes of Heart Lesions,	Ohio.
THARP, SILAS P.	Physiology and Pathology of	
	Cerebro-Spinal Sytem,	Ohio.
TODD, HARRY DUSHANE,	Laparotomy,	Ohio.
TURNER, OTIS M.	Hysteria,	Illinois.
WHITE, JOHN W.	Eczema,	Ohio.
WOODFORD, ELMER LEE,	Acute Dysentery,	W. Va.
Total, 45.		

RECAPITULATION.

Seniors.....	52
Juniors.....	75
Sophomores.....	6
Freshmen.....	33
Total Matriculates.....	166
Graduates.....	45



APPLICATION FOR MATRICULATION.

(FOR STUDENTS WHO HAVE NOT ATTENDED HERE PREVIOUSLY.)

J. K. SCUDDER, M. D.,
Secretary E. M. Institute.

I desire to make application for conditional matriculation at the ECLECTIC MEDICAL INSTITUTE for the session commencing September 19, 1898. I enclose \$5.00, to be applied on tuition, or scholarship ticket.

Name (in full).....

Post Office

Preceptor (if any)

Mouths of medical study (if any).....

Age.....

I have the following credentials, showing that I have a good English education (see Announcement, page 19) :

.....

.....

.....

Graduation in Pharmacy, Dentistry, or Literary College (if any)

.....

Previous attendance at another Medical College (if any).....

.....

(OVER.)

Form of Certificate to be filled out and signed by an accredited Physician.

CERTIFICATE.

To the Dean of the Eclectic Medical Institute, Cincinnati, O.

THIS IS TO CERTIFY, That

aged years,

of has been a student of medicine since

.....; that he possesses a good moral character, and is, in my

opinion, otherwise qualified for the study of medicine.

Dated at

..... M. D.

Eclectic Medical Journal.

A Monthly Journal of Eclectic Medicine and Surgery. \$2.00 per Annum.

JOHN K. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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Articles on any medical topic are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The Editor disclaims any responsibility for the views of contributors.

ANESTHESIA IN LABOR.

Anesthetics are very much more frequently administered of late years during labor than formerly. Many physicians resort to some form of anesthesia in every case of lying-in to which they are called, to relieve the suffering stage. The desire and hope for painless delivery, as well as the expectation or demand that the physician shall use means to accomplish such a result, is no doubt increasing, and is even now quite general. We are more frequently asked the question by the party engaging our services to attend an obstetrical case—do you use chloroform?

There is no harm in the use of anesthetics in obstetrics, if properly administered, but in many cases it should rather be considered beneficial. The difference between *obstetric* anesthesia and *surgical* anesthesia should first of all be recognized. To obtain the obstetrical degree of anesthesia, the agent should be administered in small quantities, and only during the pain or contraction, gradually withdrawing it as the pain passes off, and resuming its use as the next one appears. It is not necessary nor even desirable, as a general rule, that unconsciousness follow; but simply an effect that will allay the severity of the pains, and lessen to some extent the intensity of the patient's suffering, at the same time overcoming the nervousness, fear, dread, and apprehension which are so often manifest at the time of parturition. It is presumed also to aid in relaxing the soft structures, and thus facilitate the advancement of labor.

If too profound a stage of anesthesia is produced, approaching the surgical degree, there is likelihood of lessening the force of the contractions, retarding the labor, or if continued, producing complete inaction of the uterus; likewise hemorrhage may follow during the third stage from want of contractions, when the agent has been carried beyond the proper degree.

Anesthetics will not usually be needed until the second stage is well on, as the pains up to this time are not so severe, as a rule, but that they can be endured without much complaint. They may, however, be given occasionally during the first stage, not on account of pain, but to allay extreme nervousness, excitement, etc.

Chloroform is probably the most desirable anesthetic to be used in obstetrics, and a very satisfactory manner of administering it is either by means of an Esmarch's inhaler or by spreading a napkin over the face, and drawing it up slightly with thumb and finger in the center. As the pain comes on, drop ten or a dozen drops on whichever inhaler is used; leaving the inhaler in position over the nose and mouth, the same quantity is again dropped on as the next pain appears, and so on through the second stage. A larger quantity may be needed in some cases, but one should remember it is only the obstetrical degree that is desired, and care should always be exercised not to produce too profound an effect. This small amount frequently applied (with each pain) will, after a few pains, produce the desired effect, relieving the severity of the suffering, and rendering the labor comparatively easy.

Ether can likewise be used as an anesthetic in labor, and if preferred, should be administered in the same way, only the quantity applied to the inhaler should be increased. This agent is not so agreeable to the patient as chloroform, is more likely to prove repulsive to her, and possesses no advantages in such cases over chloroform.

Among other agents chloral has been mentioned. When used it has been suggested that it be administered in ten or fifteen grain doses every fifteen to twenty minutes until a drachm has been given. Chloral would probably act as an anesthetic to the extent of mitigating the severe pangs of the second stage to some degree, but it is very disagreeable, transient in its action, and there would be much greater likelihood of inertia of the uterus following its use than after either of the other means suggested.

Cocaine hydrochlorate is likewise enumerated among the anesthetics that can be used during labor, but its effect is uncertain, as in all cases and under all circumstances when it is used. We are advised to use a four to six per cent. solution to the cervix. This at once serves to condemn it, owing to the inconvenient and undesirable means of application.

We are in the habit of using chloroform in the second stage, when the pains are very severe—the stage likely to be prolonged, patient unduly excitable and nervous—as well as when the continued extreme suffering would endanger exhaustion; and when properly used, we believe no ill effects will follow.

R. C. W.

ETHICS.

That the inconsistency in ethics has begun at last to be rationally considered by both pharmacists and physicians, is exemplified by recent editorial remarks of representative journals in both medicine and pharmacy. Whether this trend of thought will lead to the bars being thrown down, and to the admittance of any and all advertisements to the pages of these journals, whether the line will be drawn so as to exclude all secret mixtures, or whether only the remedies sold and advertised exclusively to the laity will be excluded, time only can determine.

We have taken the stand these many years, that the methods of manipulation employed by manufacturers are not public rights, and can not be demanded in an ethical sense, if the drug composition or the exact result of the product is finally given on the label, providing such remedy is not advertised as a popular cure. We predict that unless these ethical purists make a rational study of the right and the wrong of the matter, and establish their code on these very lines, the code will either end its existence or continue in the future to be a farce as it has been in the past. Neither do we see any wrong in the manufacturer protecting his particular label, or style, or even a trademarked title; indeed, in many cases we believe that such a course is about the only one he can take to protect physicians against imposition. And here again we believe that the ethical purist who copyrights his own books, and yet asks the pharmacist to become the prey of pirates, will find himself at a disadvantage in the future by reason of this inconsistency, as he has been in the past.

The current issue of that sterling pharmaceutical journal, *The Pharmaceutical Review*, recent issues of the *Philadelphia Polyclinic*, the *Philadelphia Medical Journal*, and other standard works, indicate that consistent and conservative thought has at last entered this field, and we hope that the end will be justice to men who discover new methods, and who serve the cause of humanity by working to improve present conditions, and not, as long has been the case, serving only the aims of pirates and of heartless imitators.

But that extremes may meet within the same cover of a journal—that the journey of these men is not to be an easy one—is evidenced by the fact that recently the advertising pages of some of the best known journals have been opened to the advertisements of popular remedies advertised for generations to the people in the daily press, and long known as household words over the land. Neither do we take any part whatever against those remedies (the stand of ethical medicine has ever been to ignore quality or integrity). We can say that unless the issue is manfully faced the year 1898 will witness the end of medical ethics, so far as popular medication is concerned.

And if that end comes, be it for the good or bad, the persons responsible will be the so-called ethical purists who have damned other people without discrimination—who have lived up to no rule of life or action—who have in fact been so inconsistent as never to have dared attempt to formulate a code and apply it to themselves. J. U. L.

POLYMNIA UVEDALIA—Bearsfoot.

This drug was introduced to the profession about 1870, by Dr. J. W. Pruitt, since which time it has enjoyed the confidence of Eclectics generally. There is no doubt of its specific action upon the abdominal circulation, especially that part of it which goes to the spleen and liver. It is classified as a laxative, a tonic, a stimulant, and as a se-

cernent, by allopathic writers. It is stimulant, but not to the same degree that is ceanothus. Therefore it can be used to better advantage in the acute stage of some disturbances.

It may be said to be specifically indicated by full, flabby, sallow, sodden tissues, glandular enlargements, functional atony, due to impaired circulation of the liver, spleen, and small intestines, and in that species of dyspepsia in which there is a sense of fullness, heaviness, sinking and burning, in the epigastric region.

Uvedalia internally is a remedy of great value in chronic splenitis, chronic hepatitis, and in hepatic and pulmonary engorgement. It is an excellent remedy in threatened mammary abscess, in some cases of chronic rheumatism, and it promotes the absorption of low grade inflammatory deposits. It is as well a most efficient remedy in hypertrophy or subinvolution of the womb, and in chronic metritis. The dose of the specific medicine, which is a full representative of the drug, is from one to twenty drops four or five times daily. When the specific medicine is added to water, the oleo-resin is precipitated, giving the mixture a milky appearance.

Locally, uvedalia has had a very extensive use in the form of an ointment, in enlarged spleen or "ague cake." We can not say that the result has been due to the application more than to the medicine in the ointment, that to the rubbing, or the medicine taken internally at the same time. However, uvedalia ointment is a standard Eclectic preparation. It is discutient and perhaps anodyne. W. E. B.

SURGICAL TREATMENT OF HEMORRHOIDS.

In the surgical treatment of hemorrhoids, for the last few years, I have been accustomed to make complete excision of the tumor mass by means of an elliptical cut with the scissors, extending from the external part of the tumor, up through either side, through the upper part of the hemorrhoidal plexus. The tumor mass is then seized with volselli, or hæmostatic forceps, and as it is lifted up, the shears divide it at its base. In case there should be much hemorrhage following this excision, the surgeon will use the shears more freely in the wound, clipping any bleeding points that give alarm, until the hemorrhage almost entirely ceases. The one blade of the bivalve speculum is then turned into the gaping wound, and by a system of dilatation and pressure, the hemorrhage entirely ceases.

After an experience of five years with this manner of dealing with hemorrhoids, I have yet my first case of alarming hemorrhage to report. To be sure, there must be proper judgment used in the dilatation of the muscles, not to sever or paralyze them, as the contraction and constriction of the anal muscles, in my judgment, affords much protection against hemorrhage. I do not use ligature or tampon to control hemorrhage, nor the application of any styptics, relying solely on the dissection or crushing of the hemorrhoidal veins with the shears.

I admit that this manner of treatment, to the average surgeon, would appear to be fraught with great danger; especially that class of practitioners who have been taught from time immemorial the great danger of hemorrhage, and the use of the ligature, clamp, and cautery. Or the other class of practitioners who have adopted the method of hypodermic injection into these hemorrhoidal tumors of carbolic acid, ergot, iodine, thuja, etc. It must be admitted that those cases undergoing the surgical operation for hemorrhoids, as I have suggested, make a more speedy recovery, and complete in every way, with far less pain and danger, than by any and all combined methods heretofore published by medical men.

In my clinic I have excised and dealt with very large hemorrhoids after the method I have described, and in from three to seven days, the patients have been able to return home, with comparatively little annoyance following the operation. It is possible that at some future time some cases may present complications with excessive hemorrhage; in which event I should still continue to dilate and excise the hemorrhoidal veins until the hemorrhage ceased.

L. E. R.

CARE OF INFANTS IN HOT WEATHER.

We hear a great deal about prophylactic measures in these modern days. Antiseptic methods are being advocated since the germ theory of disease has become so popular. Cleanliness has assumed a prominence never before attained, and one remembers the familiar and frequent saying of Prof. Scudder, that "cleanliness is next to godliness, and," he would often add, "in some diseases even better."

This is especially applicable to diseases of children during the summer months. The heated term is just ahead of us. During the next three months many babies will not be able to make the fight against cholera infantum and other intestinal wrongs. That many children may be saved that would otherwise be lost, will depend upon the instructions of the family physician. If the doctor injects enough positiveness into his orders respecting the care of the baby, much will be gained. Especially should he be imperative in his orders as to bottle-fed babies, for these are to be the victims largely of the summer.

While I am aware that all baby foods are not equally good, yet I firmly believe that as much, if not more, depends upon the care of the bottle and the care of the nipple, as upon the food itself.

First, as to the care of the food: Prepare just enough food for the baby to take at one feeding. Now I am aware that the doctor will have difficulty in enforcing this rule, as most mothers think that to stop each time the baby is to be fed, and prepare the food is a great deal of trouble, and takes valuable time from a busy, over-worked mother; but it is the price she *must pay*, if she hopes to keep her child. The temptation is to prepare a pint or even a whole day's supply, and then fill the bottle as often as it may be empty.

Secondly, as to the care of the bottle. More food is ruined by filthy bottles and foul nipples than by any other means. Of all the abominations that enter a baby's paraphernalia is the bottle with the nursing tube. If the mother has one, throw it away, even at the expense of a fight. The number of babies who die each year from this cause, will keep the undertakers during the heated term.

Have the mother secure three or four four-ounce bottles, and the same number of two ounce bottles, and a half dozen black or maroon-colored rubber nipples. *Never use the white rubber nipple.* If the baby is delicate and takes but little milk, use the two-ounce bottle. It is a mistake to put more milk in the bottle than the baby can take at one feeding. As soon as the bottle is empty, have it rinsed with scalding water, and then placed in a vessel containing lime water, and a fresh bottle used at the next feeding, to be treated when empty in the same way. Thus you will always have two or three bottles lying in lime water, and consequently always sweet and clean.

Thirdly, as to the care of the nipple. Sometimes you will find a clean bottle, but a very foul nipple. I have turned a very innocent-looking rubber nipple inside out, and found it foul enough to poison the strongest baby. The nipple should be turned inside out at least once each day, and thoroughly washed. After each nursing it should be treated as the bottle, namely, well rinsed and placed in lime water.

If these precautions are faithfully carried out, I am satisfied the mortality of babies will be greatly diminished.

R. L. T.

ASEPTIC SURGERY.

Some years ago, when antiseptic surgery was at the height of fashion, and seemed to be a fad in all the hospitals, and all the Listerian dogmas were enunciated, Professor Howe and the author had some very heated discussions in regard to what would be termed the middle ground of right and wrong in the treatment of surgical lesions. Neither one of us gave much credence to antiseptic surgery, and the different methods which were adopted in this doctrine.

Our theory in dealing with surgical wounds was, that no remedial agent or antiseptic remedy had ever been proposed or would be evolved, that would take the place of Nature's plastic lymph in the restoration of the continuity of the soft parts in surgical repair.

Many of the old National Eclectic Medical Association men well remember how vigorously our doctrines were opposed, and the theory of antiseptic surgery advanced by our different college men. We have always held to the theory, that if the surgeon was scrupulously exact in all the details of cleanliness of the patient, room, surgeon, assistants, instruments and dressings, that was the *summum bonum* of all surgical rules. Adopting this theory as correct, we have held to that other axiom, that nothing in surgery was clean that could possibly be made more cleanly.

The students in the clinics at the city hospital will undoubtedly remember, through all their professional life, the exactness of the preparation of the surgeon and the assistants, before proceeding with the surgical operation: the cleansing of the hands, keeping the finger nails short and smooth, by trimming and polishing, and the attention to the space between the margin of the nails, and thorough sterilization of the hands in hot carbolized water, and rinsing with alcohol, was a lesson, perhaps more forceful than a long dissertation on aseptic or antiseptic cleanliness.

In the preparation of the aseptic room, it is necessary that the physician or a trained nurse instructs the assistants in regard to the thorough cleansing and preparation of the room. The properly aseptic room for surgical operation, to be ideal, should be stripped of all furniture, curtains, carpet and other textures, and thoroughly washed with carbolized water—ceiling, side-walls, windows and floor—and nothing returned to the room except the table for the patient, and stand for the surgeon's instruments.

A few suggestions in the admitting of persons to witness an operation, are always in order. I believe that, in private practice, where the operating room has to be prepared in a village or country, the surgeon should allow no one in the room to wear a coat or vest, that he has been wearing during business hours, and that all persons admitted to the room should be obliged to thoroughly disinfect their hands with as much care as possible, even though they are not expected to assist in the operation. Persons that have not been thoroughly prepared may at an unfortunate moment attempt to assist by reaching for an instrument or some surgical dressings. As a rule, however, very few of our progressive medical men ever attempt, under any circumstances whatever, to touch any of the surgical instruments or dressings, except when they are designated to act as assistants.

Trained nurses have done much for the medical profession—indeed much more than they have been given credit for—in aiding the surgeon to be scrupulously clean in all the details of a surgical operation. We find surgical wounds that have received this careful “aseptic precaution,” doing equally as well as any wound ever did in the palmiest days of Listerism, with all of its paraphernalia. L. E. R.

PLASTER-OF-PARIS BANDAGES.

In the preparation of Plaster-of-Paris bandages for surgical work the average physician can make up his own bandages from fresh plaster and the ordinary cheese cloth, or the coarser grade of cotton, which he can buy at his dry goods store, and make them at a much less expense than he would have to pay in the market. The gauze, or cotton cloth, should be cut in strips, three inches wide and five to eight feet in length, and nicely rolled and put away in a closed jar, with a closed top, where they will remain until required for use.

When the surgeon wishes to make his plaster bandage let him purchase the fresh plaster, and get a cigar-box, and make a little section in either end of the box, close down to the bottom, the width of the bandage, and twice the thickness. Through these crevices made in the box he will thread the end of his first bandage, pulling it through the box, so that the end will come clear to the outside. He will place the cigar-box on a table, and on a piece of paper, to catch any loose plaster. Into this box he will empty his plaster of paris, and commence the rolling of the bandage, and as it pulls through the plaster in the box the meshes of the bandage will become filled with the free plaster of paris. He will snugly roll this bandage until near the opposite end, where he will pin the end of a second bandage, which will be torn through under the plaster and out, preparatory for the rolling of the second bandage. In this way he can make up any number of bandages, and do it as nicely as those purchased in the market, at a very small expense and inconvenience. These bandages can be carried to the operating room, or the place where the surgeon wishes to use them, when they will be placed on end in warm water, of a sufficient depth to cover the entire roll. If the surgeon wishes to apply a plaster cast for the correction of a curved spine, or other deformities, or wishes to have the plaster harden quickly, let him add one or two tablespoonfuls of salt to the water in which the bandages are immersed. As the bandages stand on end in the water air bubbles will rise to the top of the water, until the plaster is thoroughly wet. When these air bubbles cease the plaster is ready to be applied.

In putting on plaster-of-paris jackets for spinal deformities or fractures, I have found that the splints used in making the ordinary five cent market basket, are the best and cheapest thing that the surgeon can get, and help support the plaster dressing nicely. I direct my assistant to take the rim off from the basket and carefully unbraid the splints and put them to soak in a little hot water for five or ten minutes before they are needed. They are then as pliable as paper, and will readily mould or weave into the plaster dressing to suit the convenience of the surgeon; as the dressing becomes dry they greatly strengthen it, and in addition add comparatively little weight to the dressing. A pint of free plaster of paris is moistened in an ordinary wash bowl to the consistency of thick cream, and this is smeared over the dressing, and smoothed down with the flat of the hand, and in any place where the dressing seems to be weakened it is put on in greater abundance until the dressing is smoothed up, according to the rules of the art.

There is one thing of importance that the surgeon should remember in cleansing the hands after they have been soiled with the plaster dressing, and that is to use a small handful of bicarbonate of soda in a wash-basin, to which has been added perhaps a teacup of hot water. In this strong solution of soda the hands are freely washed until the plaster has been eliminated. The chemical action of the soda on the

plaster of paris entirely changes its life. If the surgeon should be where it was impossible to secure the soda a solution of ordinary brown sugar, dissolved in water, will answer the purpose equally as well. When the hands are thoroughly washed and dried they should be moistened with equal parts of glycerine, bay rum, and rose water. This will prevent the appearance of eczema, and soften the hands.

L. E. R.

COLLEGE ANNOUNCEMENT.

The Announcement of the Eclectic Medical Institute for 1898-9 is inset in this issue of the JOURNAL. Special attention is called to the fact that the session opens Sept. 19, 1898, and will continue twenty-seven weeks for Freshman, Sophomore and Junior students, and eight months for Senior students.

It would seem unnecessary to repeat that but one session is held each year, and that we adhere strictly to the established regulations of a *four years graded course*.

No student can be admitted to the second year class unless he be a graduate of a recognized (a) literary college, (b) college of pharmacy, or (c) dental college, or (d) have attended one session at a recognized medical college.

A few southern colleges still adhere to a three years course, but their diplomas are consequently worthless in not less than twenty-nine States. The diplomas of the Eclectic Medical Institute are recognized in every State where diplomas alone grant the holder a license, and where an examination is necessary, our diplomas permit the holder to take the examination.

Our clinical and hospital instruction now embraces twenty-four hours per week, and the course is graded, and examinations on this work are required in addition to those covering the didactic lectures, recitations, and laboratory instruction.

New students can make application for matriculation, using the blanks on pages 367 and 368.

CHANGES IN THE FACULTY.

When Dr. William Byrd Scudder, in 1891, became Professor of Ophthalmology, Otology, Rhinology, and Laryngology in the Institute, he appreciated full well that more would be asked of him than of others. The name Scudder rendered it impossible for him to slight a duty. To do so would have been to invite unfavorable comparisons between the works of his father and his own. Patiently and quietly the young man led and served the classes; unconsciously he ingratiated himself into their good will and esteem, and finally, when it became evident that his health had been undermined, sincere sorrow manifested itself throughout the entire circle of his acquaintanceship. By no means strong at the first, the expenditure of energy dis-

played in his professional work was too great a task, and at last he was forced to relinquish for a time the position he served so well.

The best wishes of the class, faculty, and trustees, and of a large circle of friends, go with him, and the sincere hope of all who know him is, that under the influence of fresh air, sunshine, and relaxation from care, he may return to us hale, hearty, and in condition to again take part in the field in which he has served so well. * *

But while our loss in this respect is not to be disregarded, still, fortune has favored the E. M. Institute in that, just at this time, Dr. Kent O. Foltz, of Akron, O., found it desirable to seek a more southern home. Dr. Foltz has made diseases of the eye and ear a specialty for many years, and combines the experience of a large and long practice with the thorough training of conspicuous men in New York, whose lives have been devoted to the subject. He is already known the country over by reason of his writings and his part in convention work, having by reason of this been made President of the Ohio State Eclectic Medical Association in 1892. Prof. Foltz is a graduate of the Eclectic Medical Institute, is a gentleman in every sense of the word, and will do his duty well and to the admiration of his friends. J. U. L.

HUSA.

Probably the readers of the JOURNAL have met this name before now, for it has been mentioned conspicuously of late in reference to an opium cure. In answer to many inquiries from physicians, it may be said that so far as we can discover, no such name is known in botany or in medicine. We believe that we have the history of the "husa" subject well in hand, but since some very good men have unconsciously become entangled in the "husa" meshes, we will defer giving this data out of courtesy to those who are concerned, and whom by right we do not desire to anticipate. In the mean time, we say to our readers, science knows no drug or plant named "Husa." J. U. L.

SOCIETY MEETINGS.

May is a favorite month for society meetings, and full accounts of the meetings held in Arkansas, West Virginia, New York, Michigan and Ohio will be found in the "Society Notices," of the "Eclectic News" of this issue; also an extended notice of the approaching meeting of the "National" at Omaha.

BOOK NOTICES.

TREATISE ON THE DISEASES OF WOMEN. By Alexander J. C. Skene, M.D., LL.D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y. Third edition. Revised and enlarged, with 290 engravings and 4 plates in colors. D. Appleton & Co., New York. Price \$6.00, cloth.

Skene's work on diseases of women first made its appearance about a dozen years ago; it at once met with favor and enjoyed a very large sale. That it has proven satisfactory, and its popularity is still maintained, the demand for the present third edition now before us well attests. The former editions were thorough and exhaustive in every detail, and the present edition simply brings the work up to the times, noting the various improvements and changes of modern gynecology.

The work is arranged so as to divide, as far as possible, the diseases of women into three classes: The first comprises those which occur between birth and puberty; the second those between puberty and the menopause; and the third those which come after the menopause. Each subject is divided into chapters, followed by profuse illustrations, with a description of operations and treatment in each subdivision.

The work will be found satisfactory and well up to the very present in every particular. Many original plans and suggestions are noted, of which might be mentioned the author's method of controlling hemorrhage in gynecological operations, by means of compression (clamp) and heat. To accomplish this end he has invented (see illustration) hæmostatic forceps with an electrical attachment, by means of which the heat is generated. He has thus abandoned the use of ligatures altogether, instead of which he simply grasps a bleeding vessel with the hæmostatic electric forceps, and hemorrhage is at once controlled by means of compression and heat, and at the same time all tendency to septic absorption is prevented.

We commend the work to any who may be desirous of an exhaustive treatise on diseases of women.

R. C. W.

WONDERLAND, 1898. 8vo, 101 pages, fully illustrated. Published by the Northern Pacific Railroad Co. Sent for 6c. in stamps. Address Chas. S. Fee, Gen'l Pass. & Ticket Agent, St. Paul, Minn.

Each year's publication of this annual is different from its predecessor in cover, text, and illustrations. While the publication is of special value to travelers and tourists, it is also valuable in the family for its general information, and in public schools as a geographical and historical compendium.

Rivers and Mountains.—This chapter of the book treats briefly of the fact that for a thousand miles the line of the Northern Pacific winds along the banks of some of the largest rivers of the United States, viz., the Mississippi, Yellowstone, Missouri and Columbia.

The Lake of the Leech.—In Northern Minnesota lies Leech Lake, the third largest lake in the State, and reached via the Northern Pacific Railway.

The Agricultural North-west.—This chapter is of great value to the farmer, the homeseeker, or the student.

A Canoe Trip through the Park Region.—The Lake Park Region of Minnesota is noted as being one of unusual attractiveness. There are thousands of lakes, good fishing, rolling and timbered prairie country, ducks and prairie chickens, wild flowers and good roads.

Yellowstone National Park.—The reputation of this wonderful region, probably the most unique and certainly the only one of its kind in the world, becomes more extended yearly. Mankind never tires of seeing or reading of its grand Geyser Fountains, its superb Canyon, the beautiful Yellowstone Lake more than 7,000 feet above the ocean, the high mountains, the cascades and cataracts, the bear, elk, deer and antelope, the unequaled trout fishing, and other interesting features found there. The Park is free to the world, and is under the control of the United States Government.

Around Mount Rainier.—This Mountain is the grandest in the United States. It is more than 15,000 feet high, is covered with ice and snow, has beautiful parks and noble forests at its base, and is much frequented by camping parties, tourists, and mountain climbers.

THE SURGICAL COMPLICATIONS AND SEQUELS OF TYPHOID FEVER. By W. W. Keen, M. D. Based upon tables of 1700 cases, compiled by the author. With a chapter on the ocular complications of typhoid fever, by G. E. De Schweinitz, M. D., and as an Appendix, the Toner Lecture, No. 5. 8vo, 386 pages, cloth, \$3.00 net. W. B. Saunders, Philadelphia, publisher.

This valuable work is a review of about all the cases recorded in the last fifty years of the surgical complications and sequelæ, near and remote, of typhoid fever. It includes the author's observations and

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CORDIAL PAS-CARNATA

Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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"Cordial Pas-Carnata, Merrell."

compilations, delivered by Prof. Keen in the fifth Toner Lecture, published by the Smithsonian Institute in March, 1877. His Shattuck Lecture delivered June 9, 1896, before the Massachusetts Medical Society includes all cases between those periods.

His conclusions are based on the discovery in the fluids or tissues of the particular part diseased, of the typhoid bacilli of Ebaïtte. He finds that they have extreme viability within and without the body, and are widely diffused in all the organs and tissues of the body, are often pyogenic, or with other bacteria they may produce a mixed infection.

The contents consist of various pathological conditions of typhoid fever, typhoid gangrene, typhoid affections of the joints, of the bones, abscess, hæmatoma, cerebral complications in, and otitis media in typhoid fever; typhoid parotitis, and affections of the thyroid gland; of the larynx; of the pleura, lungs and heart; of the œsophagus and stomach, liver, gall bladder, spleen, sexual organs (male and female); intestinal perforations in typhoid fever. Chapter 19 treats of mixed infections in typhoid fever—erysipelas, tetanus, anthrax, malignant œdema. Chapter 20 treats of ocular complications of typhoid fever. The conclusion in Chapter 21 is, that the cause of nearly all the complications, near or remote, is the typhoid bacillus.

E. F.

THE DISEASES OF THE STOMACH, By Wm. W. Van Valzah, M. D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital; and J. Douglas Nisbet, M. D., Adjunct Professor of General Practice and Diseases of the Digestive System in the New York Medical School and Hospital. Illustrated. 675 pages. cloth, \$3.50. W. B. Saunders, publisher, Philadelphia.

This is a very thorough work upon the subject of gastric affections, and the physician aided by this work is well equipped for battle with digestive troubles. All known functional or structural lesions of the stomach are described, and in addition several chapters are devoted to dietetics and hygiene. The authors are to be commended for the masterly manner in which the treatment is set forth; there is no wavering or uncertainty in regard to remedial methods advised. Every student and physician should have this book.

D. W.

THE CENTURY MAGAZINE. Monthly, 35 cents; \$4.00 per annum. The Century Co., New York.

Captain Alfred T. Mahan has written a paper for the June number of the Century on the causes of the failure of the Spanish Armada. It accompanies an illustrated article giving the story of the famous catastrophe, based on manuscript records and on the narratives of survivors and other Spanish documents. This number of the Century will contain several other articles of equal timeliness.

COLLEGE AND SOCIETY NOTICES.

National Eclectic Medical Association, Meeting at Omaha.

RAILROADS.—The official route from the East to Omaha consists of the "West Shore," New York to Buffalo; "Nickel Plate," Buffalo to Chicago; and Chicago, Milwaukee & St. Paul, from Chicago to Omaha. These roads combine all the excellencies of modern travel, and are sure to give their patrons complete satisfaction. The route from Chicago is the best road and shortest line between the two cities, and the only one running solid vestibule, electric-lighted trains. The sleeping-cars are palaces, and the dining-car service equal to the best hotels. It is earnestly hoped that as many as possible will make their plans to concentrate at Chicago and travel together, or else join the official party *en route*. Should the party be of sufficient size, a *special* train will be placed at its disposal.

The party will leave Chicago on Monday, June 20th, at 6.15 P. M. By special arrangement with the management of the C., M. & St. P. Ry., all persons desiring to reserve Pullman accommodation are requested to apply for them to Pitts Edwin Howes, Station S., Boston, who will assign in rotation all applications up to June 15. After that date, address H. E. Laing, agent C., M. & St. P. Ry., 95 Adams St., Chicago. Such berths will be paid for in Chicago, at the Chicago, Milwaukee & St. Paul Railway station, on the day of taking the train.

RAILROAD RATES.—The Western Passenger Association have granted a rate of *one fare plus two dollars* to all who reside in their territory. Tickets will be on sale in such territory June 19-20, and from points within 150 miles of Omaha June 21. The tickets are good for return until July 7th, 1898.

The special rates for those *East* of the Western Passenger Association's territory will be mailed to all members using such rates, and any other persons making applications for them, as soon as received.

HOTEL HEADQUARTERS.—The "Millard," corner of 17th and Douglas streets, has been selected as the headquarters of the Association. It is first-class in every respect. In view of the fact that many members might desire to obtain meals at different places and hours, it has been deemed desirable to obtain rooms on the European plan, and these can be secured at prices from \$1.00 to \$2 50 per day. Two persons will be expected to occupy each room.

All intending to attend the Association are requested to write the Secretary according to their respective wants, being *especially particular* regarding their *time* of arrival, before June 15th, that he may notify the manager of the hotel.

PLACE OF MEETING.—Our sessions will be held, by the courtesy of the Commercial Club of Omaha, in the spacious building of that thrifty and progressive association.

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WITH INDEX ARRANGED BY

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stones, upon which the superstructure of Eclectic
Medicine has been built, and upon which it rests
unshaken.”**

EDITORIAL FROM E. M. JOURNAL.

ASEPSIN SOAP.

MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges, and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagion and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;— suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

R. W. CHALFANT, M. D., Melbourn, Ont.

Have seen using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge N. Y.

Asepsin Soap is THE SOAP

A. P. STEWART, M. D., Stewartstown N. Y.

I have used a round dozen of your soap on the small box patients at the poor house and think it is the best soap I ever used.

W. H. RATCH, M. D., Lincoln, Neb.

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A box containing one-fourth dozen cakes will be sent by mail postpaid, on receipt of 50 cents.

LLOYD BROTHERS, Cincinnati, O.

BANQUET AND RECEPTION.—On Tuesday evening a banquet and reception will be held at the "Millard." Reception from 7.30 to 8.30; Banquet at 8.30. Tickets, \$1.50 per plate, to be obtained of the Corresponding Secretary either before or at Omaha on the day of the banquet. All members attending the Association are specially urged to make their arrangements to attend the banquet, with their friends, and, as far as possible, to communicate with the Corresponding Secretary regarding the *number* of tickets they will need.

Arrangements concerning admission to the Exposition will be announced on the opening day of the meeting.

PITTS EDWIN HOWES, Station S, Boston, Mass.,
Corresponding Secretary.

THE ARKANSAS STATE ECLECTIC MEDICAL ASSOCIATION.—The 18th Annual Meeting of the Arkansas State Eclectic Medical Association, convened in the Senate Chamber, at Little Rock, Ark., Wednesday afternoon, April 20, 1898. Governor Jones delivered a very interesting and felicitous address of welcome to the physicians of the State. The response was made by Dr. J. W. Pruitt, of Russellville, who took occasion to enumerate some of the reasons why they were Eclectic physicians, in the grand old State of Arkansas. The session continued for three days, with an attendance of over fifty members, who were very enthusiastic in the discussion of the many papers that were presented by the different physicians of the State. President J. W. Tibbles, of Grange, Ark., delivered his annual address, which was replete with good suggestions for active future work.

The Association held morning, afternoon, and evening sessions, which were well attended. The morning of the third day was devoted to clinical operations before the State Association, by Professor L. E. Russell, of Cincinnati. Two operations were done at the Infirmary, an elegant hospital, in care of the sisters. Three other operations, of considerable importance and interest to the physicians, were performed at the Little Rock City Hospital, where the physicians received every courtesy at the hands of the management, and it was a mutual pleasure to the physicians of the State and to the hospital authorities, who were very kind indeed in their attention.

On the afternoon of the third day occurred the election of officers, which was as follows: President, Dr. J. F. Lewis, of Little Rock; First Vice-President, Dr. W. T. Ray, of Hanson, I. T.; Second Vice-President, Dr. J. R. Duvall, of Holmes; Treasurer, Dr. W. S. May, of Gordon; Secretary, Dr. J. C. Huntley, of Paris.

The next meeting of the State Association will be held on the third Wednesday in April, 1899, at Little Rock.

The Treasurers' Report showed the Society out of debt, and \$135 in the treasury.

L. E. R.

THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION held its thirty-fourth annual session at the Great Southern Hotel, Columbus, May 17, 18 and 19. After having held the previous Conventions for four years at Put in-Bay during the summer it was a question as to whether a change to Columbus in May would prove beneficial; but the change was a very fortunate one, and the meeting was the second largest ever held in the history of this flourishing Society, both in point of attendance, enthusiasm, well prepared papers and discussion, and last, but not least, the acquisition of new members. The registration book showed that there were 120 in attendance, not counting several distinguished visitors from the city and from a distance, including Prof. Ellingwood, of Chicago, and President Bunch, of the Indiana Society, nor the ladies, forty or more, who made quite a delegation in themselves. In addition to the regular program, there was a pilgrimage to Worthington, Ohio, the birth-place of Eclecticism in the West; and on the evening of the second day, an illustrated lecture on "Eti-dorhpa," by Mrs. Laura L. Aldrich, of Cincinnati. This was rendered complimentary to the members of the Association and their friends in Columbus by the Central Ohio Society. The proprietor of the hotel also tendered the Society a reception the evening of the first day. Twenty-seven new members joined, in addition to four reinstatements, making the present active membership of the Society in good standing, 164.

The officers elected for the ensuing year are: President, H. W. Felter, M. D., Cincinnati; 1st Vice-President, H. D. Welling, M. D., Worthington; 2d Vice President, M. H. Honnel, M. D., Coshocton; Recording Secretary, C. L. Bohannon, M. D., Columbus; Corresponding Secretary, W. N. Mundy, M. D., Forest; Treasurer, R. C. Wintermute, M. D., Cincinnati; Committee on Publication, Drs. C. L. Bohannon, J. U. Lloyd, and W. E. Boyer; Committee on State and National Associations, Drs. J. K. Scudder, R. C. Wintermute, and B. R. Hubbard; Committee on Legislation and Eclectic Interests, Drs. B. McMillen, S. M. Sherman, W. E. Boyer, L. E. Russell, and D. Williams; Committee on Grievances, Drs. B. R. Hubbard, D. Williams, and W. E. Boyer.

The next annual session will be held at Columbus in 1899, at a time to be determined by the Executive Committee, and it is hoped that the National Eclectic Medical Association will decide to meet in Ohio next year.

MICHIGAN ECLECTIC MEDICAL AND SURGICAL SOCIETY.—The 22d annual meeting of this society was held in the parlors of Sweet's Hotel, Grand Rapids, May 11 and 12, '98. Twenty-two members were in attendance. Report showed the Society to be out of debt, with a small balance in the treasury. A number of papers and reports of cases were read, which, with the discussion and remarks which followed, were of



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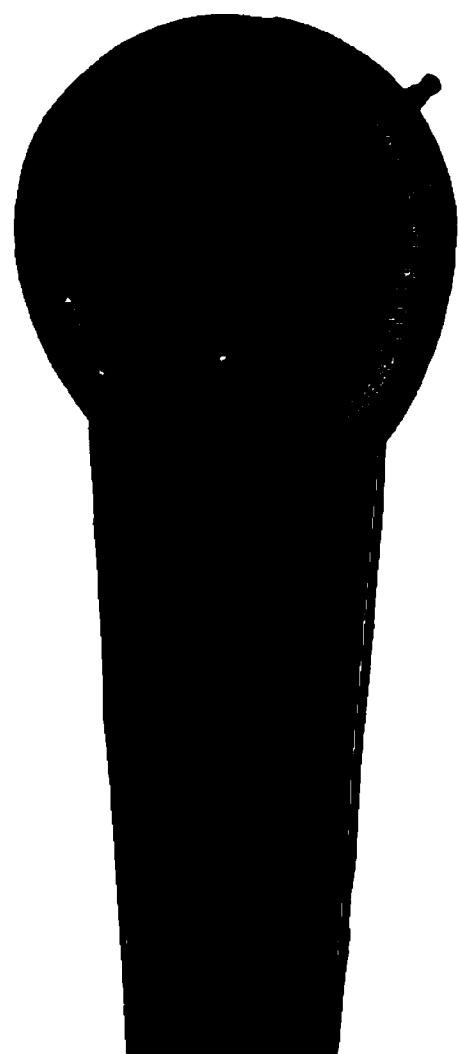
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much value and interest to those present. Professors Whitford and Buerking, of Bennett College, Chicago, were present, and added much to the interest of the proceedings.

The Grand Rapids members entertained the Society at the residence of Dr. P. B. Wright Wednesday evening. An elaborate banquet was spread, followed by toasts and a very enjoyable social time.

The following officers were elected for the ensuing year: President, J. C. Lampman, Hastings; 1st Vice President, W. L. Marks, Grand Rapids; 2d Vice President, E. E. Brunson, Ganges; 3d Vice President, W. H. Snyder, Hastings; Secretary, E. M. Conklin, Manchester; Treasurer, J. D. Peters, Grand Rapids; Censors for two years, V. A. Baker, Adrian; E. Blackman, Quincy; P. B. Wright, Grand Rapids; Chairman Committee of Arrangements, W. J. Couch, Detroit.

Adjourned to meet at the city of Detroit the second Wednesday in May, 1899.

E. M. CONKLIN, Sec'y.

THE WEST VIRGINIA ECLECTIC MEDICAL ASSOCIATION met at Fairmount May 11 and 12. The attendance was not large, but made up in interest what it lacked in numbers. Interesting papers were presented and a general good time was indulged in. A magnificent banquet in the evening of the first day provoked a genial flow of soul and a feast of body, and was enjoyed by all. Dr. L. N. Yost, the only Eclectic in the growing little mountain city of Fairmount, proved himself equal to the task of entertaining the Association, and made our sojourn very pleasant.

Last year's officers were re-elected: President, L. S. Riggs, M. D., of Wheeling; Recording Secretary, Mary Baron-Monroe, M. D., Wheeling; Corresponding Secretary, L. N. Yost, M. D., Fairmount. Next meeting at Wheeling, May 13 and 14, 1899.

MARY BARON-MONROE, M. D., Sec'y.

NEW YORK SOCIETY.—The thirty-eighth Convention of the Eclectic Medical Society of the city of New York was held in Carnegie Lyceum, April 20, 21. About fifty delegates were in attendance, and several visitors from a distance. The meeting was unusually successful. The following officers were elected for the ensuing year: President, H. S. Blackfan; Vice-President, G. A. Perrine; Treasurer, L. E. Horton; Corresponding Secretary, G. W. Boskowitz; Recording Secretary, S. A. Hardy. Board of Censors: 1st district, G. W. Thompson; 2d district, F. E. Hill; 3rd district, A. R. Tiel; 4th district, C. Collins; 5th district, R. Liston; 6th district, F. D. Gridley; 7th district, F. A. Lawrence; 8th district, Lee H. Smith; College, O. A. Hyde.

INDIANA ECLECTIC MEDICAL ASSOCIATION.—The twenty-fourth annual Convention of the Indiana Eclectic Medical Association adjourned May 25, after selecting Indianapolis as the next place of meeting, a.

year hence, and electing the following new officers: President, Dr. R. A. Bunch, of Muncie; Vice-President, Dr. W. W. Shriner, of Liberty; Recording Secretary, Dr. W. P. Best, of Dublin; Corresponding Secretary, Dr. C. J. Winter, of Indianapolis; Treasurer, Dr. A. E. Teague, Indianapolis; Press Representative, Dr. Thomas Spaulding, Terre Haute.

The Eclectic Board of Medical Examiners of Pennsylvania will meet in Harrisburgh, June 14, 15, 16 and 17, for the examination of applicants for license to practice medicine in Pennsylvania. The examination will commence on Tuesday at 2 p. m. For particulars address Dr. Henry Yeagley, Lancaster, Penn.

PERSONALS.

Dr. B. R. Hubbard, of Sandusky, O., has a very extensive surgical practice, requiring the use of a hospital, which he has had in operation for some three or four years. Recently Prof. Russell assisted him in a laparotomy, on account of pyosalpinx of the left uterine appendage, and tubo-ovarian abscess of the right uterine appendage, which had developed to the size of the double fist, making adhesions to all the pelvic tissues, and drained at times through the sigmoid flexure of the bowel. There was also, in Douglas cul-de sac, complete adhesions of the posterior portion of the womb to the bowel.

Dr. W. T. Gemmill, of Forest, O., treasurer of our National Eclectic Medical Association, enjoys a lucrative consultation practice, both in medicine and surgery, and a general practice equal to any practitioner in the northern part of the State. He has quite a reputation as an official surgeon.

Drs. J. M. Austin, C. W. Russell, J. W. Barry, have quite an extensive practice in Springfield, Clarke Co., O., and vicinity. They have had experience in diagnosing and assisting in three ectopic pregnancies, scores of abdominal and pelvic tumors, in which the diagnosis was confirmed by laparotomies.

Drs. Austin and Russell are both assistant surgeons on the railroad. Dr. Barry has recently been appointed surgeon of the Grand Army Corps. Undoubtedly they have had as large an experience in surgical work as any practitioner outside of the three large cities of the State.

Drs. E. M. Ilgenfritz, H. C. Thatcher, Isaiah Brothers, Silas Schiller, and C. M. Kline are prominent Eclectic workers at Youngstown, O., and have obtained more than their share of the surgical work in the Mahoning Valley. They are connected with the city hospital and the independent hospital in the city of Youngstown, and have had many surgical operations in the hospitals, including some four or five ovariectomies, several hysterectomies, and other surgical operations of importance. The Eclectics are all doing well at Youngstown, O.

**Chicago, Milwaukee & St. Paul
RAILROAD.**

**OFFICIAL ROUTE OF
The National Eclectic Medical Association.**

—TO—

OMAHA, NEB.

FOR THE ANNUAL CONVENTION,

June 21, 22, and 23, 1898.

—AND THE—

**Trans-Mississippi and International
EXPOSITION.**

For particulars address

GEO. H. HEAFFORD, G. P. A., Chicago, Ill.

Or ROBT. C. JONES, T. P. A., Carew Building,

Cincinnati, O.

Dr. T. D. Hollingsworth, of Creston, O., has attained considerable prominence in that part of the State as a surgeon and surgical consultant. He had the rare good fortune of diagnosing a case of ectopic gestation, and assisted in the removal of the same. The patient, under his direction, made a very speedy recovery. The doctor has to his credit three laparotomies, two hysterectomies, and several other cases of more or less surgical importance, and all successful.

Dr. W. J. Prince, of Piqua, O., enjoys a very large general practice, and withal quite a surgical reputation. Recently, in a conversation with him in regard to the treatment of a case, following amputation of the breast, in which erysipelas had developed, he said: "I used nearly all the remedies that are reputed to be good in controlling erysipelas in this case. I finally resorted to the use of ecafolta, using saturated gauze, and applying over the entire erysipelalous area. I gave ecafolta. To my great surprise this remedy was a charmer." The doctor has promised to write an article for the Journal in the near future in regard to this case, and the prophylactic effect of erysipelas in the cure of cancer.

Drs. J. L. Worley and S. C. Teeters, of Washington C. H., Fayette Co., O., have quite an extensive surgical experience dealing with tumors of the abdomen and pelvis, and cancer of the womb and breast. They both enjoy a lucrative general practice, and quite a reputation as surgeons.

Drs. David Williams, Frederick Williams, Bishop McMillan, Sylvester Sherman, and A. P. Taylor, make five formidable surgeons, who storm the central part of the State, and their influence for good is felt in every direction for miles. They have all attained quite a reputation in the central part of the State as qualified and conscientious physicians and surgeons, and the good report from these active workers have done much for Eclecticism.

Drs. A. S. McKitrick and B. K. Jones, of Kenton, O., are two of the brightest young surgeons we have in the profession in the State. They are both connected with the new city hospital at Kenton, Ohio, and have equal representation with the Old School in the care of surgical cases at the hospital. They have had a great many major surgical operations at the Kenton hospital, and their success has been phenomenal. Doctor McKitrick has gained a large reputation in this part of the State as an Eye and Ear surgeon, having within the last year removed several cataracts with perfect success. The work of these two men compare favorably with any practitioners of any school in the State.

Drs. McElHinney, of New London, O., have a very extensive consultation practice in their part of the State, and have attained a good reputation as surgeons. Within the last year they had experience in dealing with uterine fibroids, and other surgical problems.

Dr. J. C. Butcher, of Urbana, O., is one of our old substantial

Eclectic physicians and surgeons of Champaign County. In consultation and diagnosis of surgical cases he is known in the profession as one of the very best.

Dr. H. G. Bradshaw, of Bluffton, O., a recent graduate of the E. M. Institute, has shown his ability to deal with quite a number of surgical cases entrusted to his care since he commenced practicing in this city. He has had experience in breast amputations and laparotomies that would credit a practitioner of years given to practice. The doctor also has a very extensive general practice.

Drs. Winfield and R. W. Van Horn, of Findlay, O., have a very large general practice, and also an extensive practice in many important surgical cases, including two or three laparotomies and several tumor and cancer cases of considerable importance.

Dr. W. O. Harding, of Elmwood, O., surgeon for the Big Four Railroad Company, at Elmwood and Ivorydale yards, has quite a reputation as a diagnostician in pelvic and abdominal surgery, having had quite a number of cases and operations at the Betts Street Hospital, here in the city. His diagnosis invariably was confirmed by the exploratory incision and final completion of the surgical operation. The recovery of his cases has been phenomenal. One case more especially, in which, following a laparotomy and the removal of the appendages, his patient made a recovery without a change of one degree of temperature, from first to last, from normal line.

Dr. H. H. Chamberlain, of Canton, O., has had remarkable success in the diagnosis of pelvic and abdominal lesions, and recovery of his cases, in the Canton hospital. His general and surgical practice has, for the last two or three years, been very extensive; in fact, more than he has been able to attend to at all times.

Dr. W. S. Turner, a prominent Eclectic physician at Waynesfield, O., has had quite an experience in amputations, fractures, and operation on the liver for gall stones. He has been universally successful with his surgical work.

Dr. J. D. Southward, of Carey, O., has for several years been railroad surgeon at that point, and also has had considerable experience in general surgery, as well as abdominal; having treated to a successful issue two or three ovariectomies and several cases of importance.

Geo. Snyder, M. D., E. M. I. '89, is now one of the assistant physicians at the West Virginia Hospital for the Insane, at Weston. He writes that there are over one thousand patients on hand, and that he has nothing to complain of his treatment from the other members of the Staff, who are all Regulars. He states that they are taking to many of his Eclectic ideas and are beginning to use many Eclectic remedies of which they had never before heard. Thus the good work goes on. There is no reason why we should not have a representative in at least one important position in one Insane Hospital in each State.

BARGAINS IN MEDICAL BOOKS.

LIST No. A.

Medical and Surgical Books

AT GREATLY REDUCED PRICES.

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THE SCUDDER BROTHERS CO.

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The Scudder Brothers Company would call the attention of practitioners and students of medicine to the selection from their stock of standard medical books, which from various causes have become slightly worn or soiled (otherwise new and in perfect condition as to type and binding) which they are offering at a great reduction from the catalogue prices. As the stock in most cases is limited to single copies of each book, your early order is solicited. Those marked * are second hand, condition fair.

Notice—1. The prices are net cash. 2. In ordering single books by mail or express, add 15c. for 12mos, 26c. for 8vos per volume to cover cost of delivery. Remittances may be made by bank draft, postal order, registered letter, or express money order.

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Blakiston , Physicians' Visiting List. 1894, leather.....	1.25	25
Bennett , Practice of Medicine. 8vo, 1021 pages, 1866, sheep. 8 00		1.00
Brunton , Pharmacology. 12mo, 1880, cloth.....	1.50	60
Byford , Inflammation of Uterus. 8vo, 1871, cloth.....	2.50	1.00
Chandler , Prevention of Conception. 8vo, 1887, cloth.....	4.20	1.00
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BARGAINS IN MEDICAL BOOKS.

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Holbrook , Chastity. 12mo, 1897, cloth.....	1.00	50
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Manson , Quinine. 12mo, 1882, cloth.....	1.00	60
Mays , Consumption. 12mo, 1879, cloth.....	1.00	60
Miller , Hospital Practice. 12mo, cloth.....	4.00	50
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Opium Eating—an Autobiographical Sketch. 12mo, cloth,	1.00	25
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Warner , Pocket Medical Dictionary. 16mo, cloth,.....	75	50
Williams , Diseases of the Ear. 8vo, cloth.....	3.50	2.00
Winckel , Pathology and Treatment of Child-bed. 8vo, cloth.	4.00	60
Woodhead & Hare , Pathological Mycology. 8vo, cloth.....	3.00	1.50

H. V. Blosser, of the E. M. I. class '99, has just been appointed an attendant in the Toledo Insane Asylum, where he expects to remain until the session opens, and acquire not a little useful instruction.

DIED, April 27th, at Lawrence, Kansas, Dr. N. Simmons, E. M. I. '65. Dr. Simmons was one of the oldest Eclectics in Kansas, having practised since his first attendance in Cincinnati, in 1852, first in Indiana, near Union City, and after his graduation located in Kansas. Dr. Simmons has been a member of the Legislature, president of the State Society, and a member of the Masonic and Oddfellows orders. He was a little over seventy years of age.

DIED, at Condit, Ohio, April 24th, Dr. Thomas Hughes Van Kirk, E. M. I. '72, aged 66 years. He leaves a widow and three sons, two of them physicians—Dr. Harry Van Kirk at Condit, and Dr. Charles Van Kirk at Sunbury.

MARRIED, at New York city, April 28th, James Harvey Bell, M. D., and Miss Katherine M. Bannon. At home after May 23rd, at No. 213 E. 31st-street, New York city, The JOURNAL congratulates the new couple and wishes them every success.

MARRIED, at Rosbury, Mass., April 19, Dr. Asa Lee Pattee and Miss Blanche Ellery Harding. At home after May 24th, at Falmouth, Mass.

WANTED—Copies of the *Eclectic Medical Journal* for May and October, 1851, and July, 1866. Address Dr. J. K. Scudder, No. 1009 Plum Street, Cincinnati, Ohio.

READING NOTICES.

In the Atlanta Medical Journal of February, 1898, Dr. Herman D. Marcus, late lecturer on Materia Medica at Medico Chirurgical College, Philadelphia. Pa., says: "In fifty-five cases of uterine and vaginal diseases I have used Micajah's Medicated Uterine Wafers with distinctly favorable results, as follows: Thirty-eight were cured, nine greatly improved, and the balance unimproved, a percentage of cures larger than from any other form of treatment. Some twenty-five or thirty cases of Leucorrhoea treated with these wafers showed cures in three to six weeks." A sample of Micajah's medicated uterine wafers will be sent free by addressing Micajah & Co., Warren, Pa.

Carron Oil, Iodoform and Picric Acid are back numbers in the treatment of burns. Carron Oil possesses no antiseptic qualities whatever, while Iodoform, owing to its strong toxic effects and odor is very objectionable to the patient, and in some cases dangerous to use. In Unguentine we have a thoroughly antiseptic, healing and restorative dressing, non-toxic, inodorous and clean. It readily subdues in-

inflammation, and assists in granulation and was used in the hospital barracks at Key West, Florida, where the wounded soldiers of the Maine were sent for treatment from Havana.

THE PROPER TREATMENT OF HEADACHES.—J. Stewart Norwell, M. B., C. M., B. Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for *Medical Reprints*, London, England, reports a number of cases of headache successfully treated, and terminates his article in the following language:

“One could multiply similar cases, but these will suffice to illustrate the effects of antikamnia in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.: 1. It is a specific for almost every kind of headache. 2. It acts with wonderful rapidity. 3. The dosage is small. 4. The dangerous after-effects so commonly attendant on the use of many other analgesics are entirely absent. 5. It can therefore be safely put into the hands of patients for use without personal supervision. 6. It can be very easily taken, being practically tasteless.”

PRACTICE vs. THEORY.—Fanciful theories (*a la hammer and board test*) cannot exist in opposition to years of practical application of William R. Warner & Co.'s standard pill formulæ, years which have demonstrated the rapid disintegrating properties and consequent therapeutic value of Warner's soluble pills. Millions of William R. Warner & Co.'s pills have been used by practitioners throughout the world, and the immense number of professional endorsements we have attest their solubility and potency.

The *Monthly Retrospect of Medicine and Pharmacy* sums up the whole matter in a few words:

“Is it possible that physicians have prescribed an ‘insoluble and inert’ class of preparations throughout their career? If so, the question naturally presents itself, To what can be traced the excellent results following the administration of mass pill in numberless instances? If the ingredients of these mass pills did not oppose and correct a diseased condition, what did?”

Any remedial agent which has ‘deteriorated with age’ and is ‘insoluble’ would have no effect when taken. Therefore, if the desired results are obtained, and the patient has been cured, that is *prima facie* evidence that the said remedy has not ‘deteriorated’ and that it is entirely soluble.”

Warner's Pills are soluble, potent, permanent and reliable, because they are *prepared from pure drugs*, in a scientific manner. The coating (sugar or gelatin) hermetically seals and protects the contents indefinitely and upon ingestion of the pills, the coating dissolves in a few minutes, thus liberating its ingredients in a condition favoring rapid assimilation.

ORIGINAL COMMUNICATIONS.

**SHADOWGRAPH OF THE INVISIBLE; or X-RAY WORK
IN SURGERY.**

By Prof. L. E. Russell, M. D., Cincinnati, O.

IN October, 1895, Prof. Roetgen, in the Bavarian University of Wurzburg, discovered a new light generated by electricity, and gave it the name of the X-Rays.

In the use of the term X-Ray, the professor undoubtedly had in mind the algebraic symbol, in which X is always represented as the unknown quantity. Therefore, in attempting to express to the public this new light and its possibilities, it could not have been better designated than by this term, X rays. They are not light, though possessed of some of the powers of light. They are not cathodal rays, although they have their origin from the platinum and wall of the tube, where the cathode rays fall. They are not electricity, though generated by the electric current, through the X-ray apparatus, and when at their best emit or evolve a peculiar green light, not unpleasant to the eye, and of little lighting power in a dark room, where they must always be exhibited to secure any results at all. The invisible is only made visible by being placed in the field of the X-ray light, and viewed with the fluoroscope, or screen with tungstate of calcium, or the fluorescent screen, made with barium platino-cyanide.

In the construction of the X-ray apparatus there have been many devices placed upon the market, but we believe that the most valuable, from a scientific standpoint, is the Edison X-ray apparatus, which is illustrated in this article, for the purpose of giving a better understanding of the accessories required in producing the X-rays.

The value of the X-ray in surgical diagnosis is nicely illustrated by

the shadowgraph of the hand of Mr. Max Schmidt, of the firm of Max Woher & Son, of this city. He received an accident to the finger, which, while it was severe and painful at the time, gave little concern to the patient, until a few days afterward, when the finger became considerably distorted. It was then that the X-ray was used to make the accompanying shadowgraph, which revealed the fracture of the

finger, with nature's attempt at repair with osseous material, agglutinating the fractured ends of the bone, not unlike the tinner would fasten together two pieces of metal before completing the soldering process.

Not only in fractures, but in dislocations and malformations, can we attain considerable accuracy with the X-ray with regard to lesions, and we are also enabled to locate foreign substances that may have entered the body, of such a nature as bullets projected by fire arms, metallic substances swallowed or thrust into the tissues beneath the skin by force.

Much has been learned of this X-ray light and force, and of the different methods of dealing with different devices for their production, and yet there is much left to learn before perfection of the X-ray, or before the possibilities of the shadowgraph can be fully understood or announced.

The accompanying cuts and descriptions quite fully illustrate the Edison X-ray apparatus, which in the aggregate will weigh 150 pounds, and will occupy a space 6x2 feet by one foot and a half, so that it will be readily seen that the apparatus can not easily be conveyed from an office to different parts of the country.

6

EDISON INSTANTANEOUS AIR BREAK WHEEL.

Where it is possible to obtain the electricity of 110 or 120 volt direct current, the wire attachment can be made by detaching the lamp from its socket, and introducing the plug with its wire attachments to the instantaneous air-brake wheel of the X-ray apparatus, illustrated in the accompanying cut. This device consists of two tooth-wheels mounted on the same shaft. The projections or teeth make contact with two flat brushes, which bear on the outer peripheries, and by which the current is brought in and led out again. The wheels are rotated at a very high speed by a small direct-current motor, which also runs a pressure blower. The air-blast from this blower enters a bifurcated tube, and is conducted to two flat nozzles immediately over the contact brushes.

When the device is set in operation, by starting the motor and connecting the primary end of the induction coil in series with the binding posts (attached to the break-wheels) provided for this purpose, the

spark formed at the contact brushes, when the coil is energized, is instantaneously blown out by the air blast at the moment of formation. This greatly increases the rapidity of change in the magnetic circuit, and consequently vastly augments the electro-motive force in the secondary coil.

The motor, break-wheel, and pressure blower, are suitably mounted on a substantial hard wood base, provided with binding posts for connecting it with the 110 to 120 volt direct current.

With the Edison instantaneous air-break-wheel apparatus, the 110 to 120 volt direct current is employed to excite the primary coil and to run the motor. A suitable rheostat is provided to control the current passing through the coil, and all outfits are furnished with switch-board, having cut out, switches, and necessary wiring.

THE EDISON RUHMKORFF COIL.

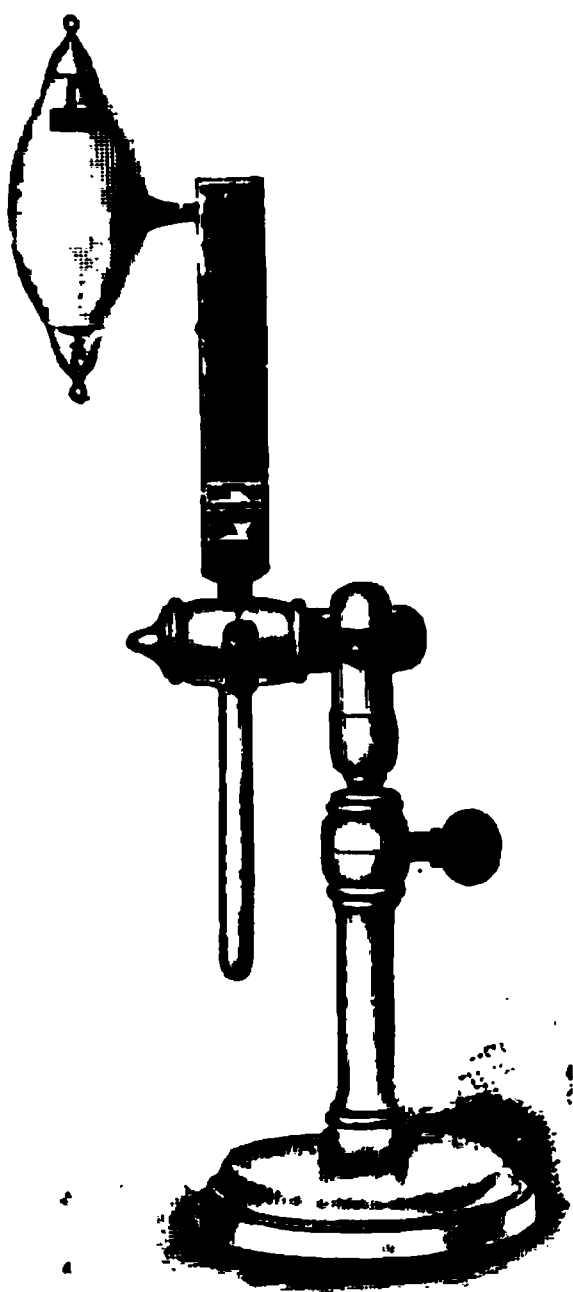
One great advantage of the Edison instantaneous air-break wheel sets is that it is possible to use with these equipments focus tubes of very high vacuum, which could not possibly be used with any other form of apparatus.

It is generally known that the higher the vacuum in the tube, the more penetrating and powerful is the X-ray, and consequently it is advisable to use high vacuum tubes for body work, whereas medium and low-vacuum tubes are suitable for limb work.

The Ruhmkorff coil does not require any minute description, as its general characteristics are familiar to most people. Briefly speaking, it is a device for transforming a low tension current into a current of very high tension. In using this class of coil for X ray work, however, it is necessary to observe the greatest care in the construction of the same, and also to accurately proportion the windings of the primary and secondary coils, in order to obtain the best results. It is therefore necessary to use the very best quality of insulated wire, and to test each section of the coil as it is being built up, in order to produce an instrument that can be absolutely relied upon. If the coils are

mounted on hollow bases, in the interior of which is placed a suitable condenser, the latter greatly intensifies the power of the coil.

In order to plug the condenser, the plug should be inserted between the two parallel flat brass strips, in a hole provided for that purpose ; whereas, if any part of the condenser is not required to be used, that particular plug should be inserted in one of the four holes in the middle of the long brass strip, which is found in Edison's Ruhmkorff coil. In the break-wheel outfits, it is sometimes possible to obtain better results when not using any condenser, and this will be found specially so when using new focus tubes, but with battery outfits it is always necessary to use one or more sections of the condenser to obtain satisfactory results.



EDISON FOCUS TUBE AND STAND.

The focus tube and stand are so constructed that the tube can be used in any position, either perpendicular, horizontal, or angular. This varied movement will be found most convenient in cases where it is inconvenient to move the object under examination.

The tube derives its name from Prof. Wm. Crooks, who studied the phenomena of electrical discharge in the tubes where the vacua were high. The Crooks tubes are glass bulbs of different shapes and sizes, from which the contained air or gases have been extracted. In this manner a vacuum had been created. The essentials of the tube are the wires which pass through the glass, and are known as electrodes. One of these is commonly made a positive pole, and the other a negative, or an anode, or a cathode. To either electrode is fastened a platinum or metallic cup, for the purpose of concentration or focus of the elec-

trical stream from the cathode to a converging point within the bulb, and upon a flat disk of metal, which may or may not be the anode. This, then, is the point from which the radiant matter or cathodic streams of electrical substances, or the peculiar greenish colored light, emanate, and cast the shadow from the substance placed between it and the fluoroscope.

The fluoroscope is very similar in shape to the stereoscope, the body being of tapering form, with the small end formed to fit tightly over the eyes and the bridge of the nose ; and the large end closed with a

piece of card-board, the inner surface of which is covered with a uniform layer of fine crystals of fluorescent material. This latter constitutes the fluorescent screen, and is the essential feature. This device enables the X rays to be practically utilized as one of the most powerful agents in surgical diagnosis.

When using the fluoriscope or the fluorescent screen, the object to be examined should be held between the screen and the electrified Crookes tube, when the radiograph of the object is delineated upon the screen.

With the fluoroscope, the surgeon is enabled to determine whether the X-rays are being produced or not in the Crookes tube, and also by this to determine the intensity of the X ray by placing his hand on the fluoroscope and close to the focus tube. He will by this means be able to see and judge the amount of time that will be required in producing a shadowgraph.

In some cases for examination the bones of the body, by their anatomical location, are so deeply imbedded in

EDISON FLUOROSCOPE.
tissue that it is impossible to distinctly and clearly outline them with the fluoroscope. It therefore becomes necessary to investigate in these deeper tissues with the shadowgraph; that is to say, after the manner of a photograph. A sensitized plate being placed on the table in its bracket and paper envelope, and the patient lying carefully upon this plate, and the focus tube and stand brought over the table in such a manner that the cathodic stream or radiant light will center the photographic plate, and leave upon it the shadowgraph of the opaque matter under consideration. The shadowgraph of the invisible becomes necessary in many experimental examinations of different cases where it is impossible to obtain immediate shadowgraph with the use of the fluoroscope.

In the making of the shadowgraph no camera is needed, only a sensitive plate, which can be bought of any dealer or secured from a photographer, carefully wrapped in paper, so as to prevent the light from fogging or destroying the plate. This is fastened securely to the side of the limb, and the X ray of the tube focused in such a manner as to drive the shadow of the bone or substance onto the plate, which is afterwards developed by a photographer with the same care and precision that he would develop the plate for an ordinary photograph.

The room in which the pictures are taken must of necessity be a dark one. Given light can be used to adjust the patient, the machi-

nery, and the plate, after which the room is darkened, and the X-ray turned on, and the shadowgraph developed.

FESSENDEN X-RAY APPARATUS.—CUT NUMBER ONE.

The accompanying X ray cuts also represent the instrument of the Fessenden Manufacturing Company, of Pittsburg. Pa., who claim much for the development of the X-ray by this machine.

Cut number one represents the machine in operation, taking the shadowgraph of a patient lying on a table, with the sensitized plate

beneath him, and the X-ray piercing the thorax.

Cut number two represents the machine above described, portable. This machine weighs in the neighborhood of 200 pounds in the aggregate.

There are quite a number of X-ray machines on the market, but, as I have before suggested, none of them have yet approached that stage in which we can say they are absolutely perfect; but I believe, in the near future, the apparatus for employing the X ray will become a necessity to every practicing surgeon.

CUT NUMBER TWO.

JOSEPH RODES BUCHANAN, M. D.

By Alexander Wilder, M. D., Newark, N. J.

IT is no easy task to write a proper description of a many sided man. Intelligence is required for the undertaking, as well as fidelity. We are prone to confine our attention to the peculiarities of character which impress us more forcibly, and to neglect other facts equally important for a just delineation. Professor Buchanan has distinguished himself in so many fields of original research, as to require an extensive outline to include them all, and for such a work one must possess a good degree of assurance to feel competent. He has been an investigator, a speculative reasoner, a scientist, and a general scholar; and if he is not named in the same category with men like Isaac Newton, Herschel, Oerstead, and Faraday, it is because he has been excluded by narrow and unworthy partisanship. It is just to say of him as Sandel said of Emanuel Swedenborg, in his eulogy:

"He has displayed an astonishing assemblage of knowledge, which he has arranged according to his system in such order that the elements themselves would have striven in vain to turn him out of his course. If his desire of knowledge went too far, it at least evinces in him an ardent desire to obtain information himself and to convey it to others. If, nevertheless, he is not to be numbered among the doctors of the church, he at least holds an honorable rank among sublime moralists, and deserves to be instanced as a pattern of virtue and respect for his Creator. He was not satisfied with the usual attainments of the learned; he wished to pass the barriers which are opposed to

man's acquirements, by the imperfection of his state, especially while the soul is tied to its frail partner, the body."

Dr. Buchanan is of Scotch ancestry, and a native of Kentucky. His father, the late Prof. Buchanan, had early become a resident and a man of distinction in the infant State. He was richly endowed with the essentials of a pioneer citizen—a capability to turn himself to the work that came in his way. He was a teacher of law, an editor, physician, and author, and possessed rare mental attainments, mechanical ingenuity, and the decision of character necessary for a public career. He was one of the first professors appointed to a medical chair in Transylvania University. Among his students in law were some of the leading men of the State; two of them were elected Governor at a later period. Like the subject of this sketch, he possessed a remarkable versatility, and an ardent passion to learn, with a purpose to turn what he knew to practical uses.

JOSEPH RODES BUCHANAN was born at Frankfort on the 11th of December, 1814. He was a scholar of great precocity, actually studying Euclid's Elements of Geometry, Ferguson's Astronomy, History and French, when six years old. He read Robert Owen's treatise on sociology at the age of eleven, and never forgot the impressions made on him by the philanthropist of Lanark. A year later he began the study of law, and read Blackstone's commentaries. But he had no taste for the tortuosities incident to law practice. His father dying, he was left free to follow his own preferences. He became a printer as being the first thing at hand; and having resolved to devote himself to educational pursuits, he engaged in teaching in order to procure the necessary means. His health, however, began to fail, and this fact led him to the study of medicine.

He was not long in perceiving the defects and wrong teaching in the medical curriculum. The educational standard was low, and the Professor of the Practice of Medicine taught little beyond the administering of calomel, aloes and rhubarb; the calomel being, in difficult cases, prescribed in doses of a teaspoonful.

The chair of Physiology in the Louisville Medical College was held by the celebrated Professor Caldwell. He was a kinsman of the famous South Carolinian Senator, and a man of superior qualities. He boldly upheld the scientific claims of phrenology and animal magnetism, in the face of opposition from his scholarly colleagues. Young Buchanan opposed these views, but set about investigating for himself. He came to the conclusion that phrenology is substantially true, but that as taught by Gall and Combe, it was far from complete as a science; in fact, that half the functions of the brain had not been brought to light, while the physiological functions were ignored altogether.

He determined accordingly to make a new path for himself, and ascertain the facts of anthropologic science by the agencies at his command. He was too conscientious and merciful to resort to vivisection of animals to aid in his investigations, and he believed that he

might learn what he desired from sensitive human subjects. It was his rule as a physician and as a student of science, to employ no means with others which he would not consent himself to undergo. He came to the conclusion that the Mesmeric state as usually induced, was not

JOSEPH RODES BUCHANAN, M. D.

a proper condition for anthropologic inquiries, as the person is then passive and controlled by the will of another. The "nervaura," as he expressively termed the agent which he discovered, he found ample for this purpose. He was traveling in the South-western States

when he made this discovery, and began at once to demonstrate it in his lectures, to very wide acceptance. His observations and conclusions were afterward set forth in the *Journal of Man*, a periodical published by him for many years.

Dr. Buchanan was married in 1841 to Miss Anne Rowan, a lady of high social position in Louisville. Judge Rowan, her father, was at the head of the bar, and had been a United States Senator. Four children were the offspring of this marriage—a daughter and three sons—one of these a clergyman and the others counsellors at law.

In 1842, considering his investigations sufficiently thorough, Dr. Buchanan prepared a chart of the various mental faculties and their localities, including the basilar and interior surfaces of the brain; and he confidently declared that he had completed the solution of the problem by proving that *all parts of the body sympathize with the brain and soul* in a definite manner. These conclusions are duly elaborated in his work on Sarcognomy, and correspond quite closely with those of Swedenborg, in the *Economy of the Animal Kingdom*.

He made every reasonable endeavor to place the results of his discoveries before the scientific world. He submitted them first of all to his former teachers, the faculty of the Louisville Medical College. Only Professor Caldwell showed any favor or interest in the matter. He at a later period prepared a paper on the subject to read before the American Medical Association, but died before it met. Dr. Buchanan also made an extensive tour over the northern and southern States, receiving everywhere the most ample endorsement. He demonstrated his theories before investigating committees constituted of the leading and most intelligent citizens. William Cullen Bryant, of the *Evening Post*, was a member of the committee in New York, and prominent medical men made up the committees in Boston. But the societies and other "learned bodies" were not accessible. When Dr. S. D. Gross was consulted in relation to the American Medical Association, he advised Dr. Buchanan to seek some scientific body outside of the medical profession to investigate the subject. He learned what others had learned before him, that it is not enough with such umpires for a discovery to be genuine and meritorious; it must be presented through an accepted medium.

In 1845, the Eclectic Medical Institute of Cincinnati, was incorporated by the Legislature of Ohio. At the instance of the illustrious founder, Dr. Thomas V. Morrow, the chair of Physiology and Institutes of Medicine was offered to Dr. Buchanan. Here seemed to be the opportunity to promote his object. In his letter of acceptance he gave a synopsis of his theories of neurology and cerebral physiology, and declared his purpose to carry his investigations forward to practical results. To acquiesce, even partially, in the medical science of the day, with its blank and profitless department of neurology, he declared, "would be a gross neglect of duty to the medical profes-

sion." It was his aim to render the institutes of medicine an exact and valuable department of medical science.

Of his influence in the Institute he speaks in very forcible terms. "I was the representative man," he declares; "I was the only one widely known, the only one who could reach the public by tongue or pen. I was the champion on all occasions. Every document from the school was prepared by me. The others deferred to my views and policy. I introduced women into the college. The first application in this country was made to me from Miss Elizabeth Blackwell, and we accepted it. But as we were excluded from the hospital, she looked elsewhere, and was received by a college in western New York. That was unfortunate for Eclecticism."

Thus the credit for this new departure, the according to women the opportunity to study medicine and enter the medical profession, belongs to Joseph R. Buchanan and his colleagues of the Eclectic Medical Institute.

But Dr. Buchanan took pride also in another matter. He was radical in his social and political views, and bold in their advocacy. "I am proud of the fact," says he, "that among other things I introduced the subject, and expounded freely, in 1847, the doctrine of land reform which Henry George, thirty-two years after, took up and proclaimed."

Among his colleagues were Dr. Morrow, the founder, Ichabod G. Jones, whom he praises as the best teacher of practice in the school, and B. L. Hill, whom he describes as "a very intuitive, active, practical, liberal man, who finally embraced homoeopathy." Dr. Gatchell he commends as "an all round genius." Dr. Stallo he describes as "learned, altogether too scholastic." Dr. Hoyt "was a gentleman, with a clear head and ability to push himself; for his ambition the college was not enough. He was once Governor of Wyoming, and also Charge to Naples. He is now engaged in the project for a National University at Washington." Of other colleagues he does not speak in flattering terms.

[To be continued.]

GOITRE.

By Prof. Edward J. Farnum, M. D., Chicago.

GOITRE, or bronchocele, is an acute or chronic enlargement of the thyroid gland, and derives its name from the swelling of the neck in front which characterizes the disease. As a rule, goitre is a chronic affection, and the tumor is of very slow growth; or, having attained a certain size, it ceases to enlarge, and remains in this condition during life.

Goiter prevails in Switzerland, and in certain localities in England, South America, United States, and India. Enlargement of the thyroid gland appears in women of lax fiber, associated with the menstrual function, and appears to be occasioned by some defect of nutri-

tion coincident with this function. That it may be reflex is suggested by a case of rhinitis reported by Stokes, which being treated by the galvanic current, a co existing goitre was cured also. The irritation is supposed to have dilated the nutrient vessels of the thyroid, and this caused hypertrophy, which ceased on removing the cause.

The association of enlargement of the thyroid with pregnancy has been so often observed as to make it more than a coincidence.

Guillot attributes the enlargement to the activity of the fibrin element in the system at this time, as shown by the enlargement of the uterus and mammae.

Poincare observed the great number of nerve filaments in the thyroid, and suggests that this great nerve supply accounts for the close relationship between this gland and the organs of generation.

This is not to be considered a true goitre, as in localities where goitre prevails, as in Switzerland, the disease is seen to affect a larger proportion of the male sex than of the female, which suggests that enlargement of the thyroid associated with derangement of nutrition, or with pregnancy, owes its origin to some other cause.

A good deal of evidence has been adduced to prove that goitre is caused by drinking water strongly impregnated with lime, and at least enough has been demonstrated to show that this is an exciting cause. Goiter has been attributed to privation, and living in low and damp localities; to depression of the system from other diseases; and to hereditary predisposition.

Michand reports an epidemic of goitre in the French army, brought on by fatigue, exposure in the mountain marches, together with an insufficient diet. These cases recovered rapidly with quinine, iron, and a substantial diet of roast meat and wine.

Mitchell calls attention to the prevalence of goitre and malarial fever in low, marshy districts, and suggests that the disease is due to a germ similar to the plasmodium of Laveran, which is introduced into the system from the air and the drinking water.

Jacobson reports the cases of a mother and six children, all affected with goitre. Many similar observations have been recorded, proving the hereditary cause of the disease.

From these observations it appears that a lowered vitality, an insalubrious environment, with an inherited predisposition, are prime causes of the disease, the function of the gland being impaired.

In Switzerland, goitre is frequently found co-existing with cretinism, as if the two conditions were from a similar cause. So far as present evidence shows, cretinism, exophthalmic goitre, and goitre proper, are distinct diseases; and as we study the function of the gland, and extend our observations of the disease, this will become more and more apparent.

The limits of our paper will not allow a more extended consideration of this subject than seems necessary to elucidate our theme—goitre. The normal function of the thyroid gland plays an important

part in the healthy growth of the individual. The thyroid is a ductless gland, like the supra-renals, and consists of a stroma of connective tissue, of which the trabecula traverse the organ in every direction. The scaffolding supports a vast cavernous lymphatic net work, the sinuses of which communicate largely with each other, and are sometimes clothed with a characteristic endothelium. In the areolæ, left free by this system, are found placed the thyroid cavities, which all communicate with one another. These cavities are constituted by a membrane formed of a single layer of polygonal epithelium, and backed in a great many places directly by the endothelial membrane of the lymphatic canals. (Boechat.)

The same authority considers the gland a lymphoid organ. Both the thyroid and spleen are thought to be blood glands, and when the one fails the other takes on supplementary action. Atrophy of the spleen has been observed in goitre. Extirpation of the thyroid produces, in some cases, an apathetic mental state, even complete imbecility, with tremors and even convulsions, and a subnormal temperature, while a myxomatous material infiltrates the tissues—a condition called *cachexia strumipriva*, and clearly resembling myxoedema, in which disease the thyroid is atrophied.

The anatomical structure of the organ suggests a blood-making or blood-purifying function. Horsley found seven per cent. more white blood cells in the venous blood of the thyroid than in the arterial, and as the leucocytes possess bactericidal action, this suggests a protoplasmic function.

That *strumipriva* does not always follow extirpation of the gland, is explained by assuming that other glands perform its functions, or that there are accessory glands, several cases of which have been reported.

Its function is a powerful factor in retrograde metamorphosis, either glandular or chemical, either destroying or further elaborating nitrogenous products. When destroyed by disease or removed, these partially disintegrated products enter the general circulation and exert a toxic effect.

Baumann, of Frieberg, discovered thyroidin, an organic iodine compound, in the normal thyroid gland. Through his great discovery the function of the gland is still further elucidated, and the action of thyroid extract in disease is explained.

Watkins isolated an albuminoid from the thyroid of cattle capable of producing *cachexia strumipriva*, and concludes that the function of the gland is to destroy this toxic substance.

It has been suggested that the thyroid body of a sheep be transplanted into the connective tissue of the abdomen, to prevent the peculiar train of symptoms that may follow atrophy or the removal of the gland.

Jeansline claims that inflammation of the thyroid may be caused by bacteriologic products of typhoid fever, erysipelas, puerperal fever,

or other contagious diseases. Enlargement of the thyroid appears in various forms: The glandular form (*struma ballicularis mollis* of Virchow), which consists of a hypertrophy or hyperplasia of the gland, and which forms a soft, elastic tumor, not unlike a lipoma; the cystic goitre, in which it is usually easy to detect fluctuation; the fibrous, distinguished by its hardness; and the vascular variety. To differentiate between the three forms—the glandular, the cystic, and the fibrous—is sometimes difficult. In certain cases the three conditions are present in the same gland. Diagnosis is aided by puncture. In cystic tumors the fluid which issues shows its nature; the fibrous has a dense tissue; and the vascular bleeds freely when punctured with a perforating needle.

The thyroid gland consists of two lateral lobes united by a middle lobe or isthmus; and while the disease generally attacks the whole organ, it may be confined to one of the lateral lobes or to the isthmus. The tumor is usually solid and smooth to the touch, but it may be soft and flabby, with cystic degeneration, or extremely vascular. When divided the tumor may consist of many small cysts, filled with a viscid fluid like honey, or a fatty substance, or calcareous matter, or may be solid and of the consistence of cartilage. The thyroid is also liable to cancerous degeneration. Ordinarily a goitre is free from pain.

The diagnosis of goitre is not so simple as it would at first appear. Some cases of a malignant character have been mistaken for simple hypertrophy of the gland. As a rule malignant disease here has the same characteristics as elsewhere, and is not more amenable to treatment. An apparent enlargement of the thyroid may be caused by thickened cellular tissue surrounding it, while the gland itself is healthy, which may be cystic containing serum or pus, or an encysted tumor in the course of the trachea may be mistaken for goiter. Simple hypertrophy of the deep cervical glands, in the early stage, can easily be mistaken for goitre; but after some advancement has been made, the true condition becomes more apparent.

A condition that in some cases is still more difficult to differentiate is lymphadenoma (Hopkins' disease). The same conditions that have been described as existing in the blood and in the spleen in some cases of goitre, is present in lymphoedema. A correct diagnosis may be impossible until sufficient advancement has been made to determine the location and progress of the disease.

Inflammation of the thyroid has been frequently observed with the usual symptoms—heat, swelling, redness and pain, terminating in abscess. The causes can usually be traced to infection from without, or a tubercular or bacteriological infection within the system.

In the diagnosis of goitre, Bouchet observed that there was an associated elevation of the tumor and the larynx and trachea during the movements of deglutition. This symptom is absent in acute inflammation of the thyroid gland. In carcinomatous degeneration of the thyroid it may be hard, if scirrhus, scarcely increased in bulk, and

the seat of lancinating pain, with discoloration and ulceration as the disease advances; while sarcoma here has the usual symptoms. In making a positive diagnosis of cancer of the thyroid, a microscopical examination of a portion of the tumor is necessary. Cancer of the thyroid is remarkable for the severity of the neuralgic pains which extend to the cervical region and to the arms. (Duplay.)

[To be continued.]

PAPAW.

By Prof. Finley Ellingwood, M. D., Chicago.

Papaya, Carica Papaya, Wilson Tree—

Papain, Papaotin, Papoid, Caroid.

THIS tree is native to tropical America, and to other tropics. A cultivated tropical fruit tree, 20 feet high, stem 15 inches in diameter; gray, smooth bark; fruit large, three to six inches in diameter, nutritious, valued highly by the natives with whom it is an important article of diet.

The natives have long had a custom of wrapping fresh meat in the leaves of the papaw, claiming that it prevented decomposition, and also softened it and materially assisted its digestion. They also applied the juice to open and offensive wounds, to cleanse them and promote healing. The juice contains the important therapeutic principle. It is found in small quantities in all parts of the tree, but is best obtained from the unripe fruit, which yields perhaps an ounce to each single fruit. It is obtained by opening the skin by small incisions, and the juice exudes. It is of a milky character, with a slight acid re-action, and a bitterish, astringent taste. The heavier portions soon coagulate and separate, leaving a watery portion, which contains the active principles of the juice.

This active principle has been variously named *papain*, *papaotin*, *papoid* or *caroid*. It is precipitated by alcohol, is a nitrogenous principle approximating in character a true albuminoid, and is associated with vegetable peptones and a milk curdling ferment.

The action of the juice upon milk co-agulates it, then separates the coagulum, and finally quite quickly digests it. The active principle of the juice acts in the same manner as the juice, but more perfectly in the digestion of food. It is a vegetable digestive of extreme potency, in many cases accomplishing results not accomplished by the animal ferments. It is a powder of a cream-white color, almost odorless and with but little taste. It is easily soluble in water and also in glycerine. This active principle has no action on living tissue, and is non-toxic—is in fact innocuous in any reasonable quantity—although it is claimed to produce the death of animals if introduced into the venous circulation. It differs from pepsin in that it acts in fluids of an acid, alkaline, or neutral re-action with nearly equal facility, but working

the best in an alkaline medium, and exercising its maximum activity at a temperature of 132° F., and in a concentrated solution.

The influence of this agent upon fats, albuminoids, and starchy substances, is most direct, and can be demonstrated readily in the laboratory. It emulcifies fats more promptly than other digestives, and is an active promoter of pancreatic digestion; thus taking the place of pancreatin, and stimulating the intestinal digestion. We have found this exemplified strongly in that form of indigestion where the patient complains of a pain in the bowels about an hour or an hour and a half after taking food. This symptom is one of the direct indications for the use of this agent, the pain often being relieved in half an hour by a single dose.

It converts the starches into maltose, etc., and peptonizes albuminoids with great facility. In addition, it stimulates the secretion of the natural digestive ferments, the peptinogen, and induces a tonic condition of the stomach and digestive apparatus. It is antiseptic, and prevents fermentation. It can also be given in conjunction with other gastric and intestinal antiseptics, with no impairment of its digestive properties.

Woodbury, writing in the *New York Medical Journal* in 1889, sums up the physiological action of the digestive principle of papaw as follows: "It acts in alkaline solutions even better than in acid media, hence it is especially useful in indigestion due to deficient secretion of the gastric juice, or of hydrochloric acid (achloridia). Here an alkaline solution favors gastric digestion, both directly and indirectly: First, by digesting albuminoids and softening masses of food; and secondly, by the action of papoid in stimulating the secretion of the pepsin gland, while the alkali induces the secretion of more gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach, and prepares them for intestinal digestion. In fact, in such cases a compressed pill of papoid, sodium bicarbonate, and extract nux vomica, has given excellent results. Where there is excess of hydrochloric acid, and where the stomach contents, poured into the duodenum, are so acid that they prevent the action of the trypsin, papoid prevents duodermal indigestion, by taking the place of the pancreatic ferment. It is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer alkali to neutralize the excess of acid, as it would stimulate still further acid secretion. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid."

The uses of papoid in treating digestive disorders may be summarized somewhat as follows:—

In actual and relative deficiency of the gastric juice or its constituents. (a) Diminished secretion of gastric juice as a whole; apepsia, anæmia, and deficient blood supply; wasting diseases. (b) Dimin-

ished proportion of pepsin; atonic dyspepsia; atrophy of gastric tubules. (c) Diminution of hydrochloric acid; achlorhydria; carcinoma. (d) Relative deficiency of gastric juice; overfeeding.

In gastric catarrh. (a) Where there is tenacious mucus to be removed; thus enabling the food to come in contact with the mucous membrane. (b) Where there is impaired digestion.

In excessive secretion of acid, to prevent duodenal dyspepsia.

In gastralgia, irritable stomach, nausea or vomiting.

In intestinal disorders. (a) In constipation due to indigestion; in diarrhoea, as a sedative. (b) In intestinal worms. (This claim the writer has not personally verified, but as the intestinal mucus which shields the worms is removed by papoid, it is easily understood that their removal would naturally result, or would be more readily accomplished after its administration.) Hutchinson treated tapeworm with five grains of the dried juice twice daily.

In infectious disorders of the intestinal tract. (a) Where there is abnormal fermentation, by its antiseptic action which may be heightened by combination. (b) Where there are foreign substances present, its detergent effect may be utilized in clearing out the debris from the intestinal contents by digestion.

In infantile indigestion. Here papoid not only readily peptonizes cow's milk, but the resulting curds are also soft and flocculent, resembling those of breast milk.

The dose of papoid is one or two grains, but five grains or more may be used, the only objection being that of useless expense and waste, except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of the obstruction of the cesophagus by an impacted piece of meat and gristle—such as have been recently reported—a paste of papoid and water would produce softening in a short time.

Nearly all of the above statements have been confirmed in the experience of the writer during ten or twelve years constant use of the agent, alternated or compared with, but seldom in conjunction with the animal ferments.

It is a royal remedy for general distress or pain in the stomach and bowels during the process of digestion. It can be prescribed almost without discrimination in these cases, and the results are in some cases surprising. It may be given during the meal, and the pain not occur for an hour, when its influence is spent, and another dose continues the effects of the first. Its effects become permanent usually in acute or subacute cases in a few days, when it may be discontinued.

It is not a remedy for pain occurring before meals or after the food is digested, or for gastric pain occurring without regard to the taking of food—continuous pain and distress. These pains are either neuralgic or organic in character. The agent is specifically one for functional disorder. It is a most valuable agent in catarrh of the stomach and in the digestive failure accompanying continued fevers. It stim-

ulates the stomach in the beginning of convalescence, and in some cases increases the appetite and promotes absorption of the digested pabulum.

It is serviceable in the digestive disorders of pregnancy, stimulating appropriation and assimilation. In those cases where the digestion is seriously interfered with during the last three months of pregnancy, it being almost impossible, because of the great pain induced, for the patient to take any food into the stomach, the condition will be entirely relieved by this agent within a few days, the patient being enabled to eat large meals of meat diet without discomfort and with satisfaction.

The agent is a solvent of fibrin, and has been used to dissolve false membranes, old hardened ones, warts, and tumors, and has been satisfactorily applied to epithelioma.

Mortimer Granville reports several cases of cancer of the stomach treated very satisfactorily with this agent. In diphtheria the powder has served a most useful purpose in dissolving and permitting the removal of the densest exudate which in some cases has covered the pharynx and naso-pharynx, and occluding the nares; good results have been reported by Jacobi and others, and have come under our own observation. Kots and Asche are reported in the *Prescription* as having observed more than a hundred cases treated by this method.

Empirically it has been used in a few cases of nephritic colic, with the most marked results. It will reduce the formation of the oxalates, although in cases where tried there has been an increase of uric acid.

METRITIS WITH NERVOUS COMPLICATION.*

By J. C. Kilgour, M. D., Harrison, O.

SOME months ago I was called to attend a young married woman about 24 years old, who had been married two years, but had never been pregnant. She had suffered severely at each menstrual period from the beginning of her menstruation. I found her with an eroded os, and metritis and cervicitis in an aggravated form. The cervical canal was so narrow as to seriously impede the menstrual flow, and render her periods very painful and prevent the possibility of pregnancy. She was extremely nervous, and unless kept under the influence of an opiate, suffered from severe pain at all times, which would come in paroxysms every few minutes, drawing her body into that position seen in strychnine poisoning; the abdomen arched upward fully a foot from the bed, the hands tightly clenched, eyes rolled backward, jaws firmly set, and lips drawn back, simulating that sardonic grin, with respiration suspended. In this condition she would remain for nearly a minute, then fall back suddenly on the bed,

* Read before the Cincinnati Eclectic Medical Society, June 8, 1898.

breathless, and perspiration pouring from every pore, all the while during the paroxysm screaming in a most heart-rending manner.

After these spells of pain and contortion, she would have an exhausted look, with dark yellow color of the face. At first a quarter grain of morphine hypodermically would suffice to keep her easy and quiet for about eighteen hours, but later only six hours.

I believed that dilatation and curetting would relieve her, and Dr. Wintermute came and did that thoroughly, bringing out pus with the curette, after which we expected to have no more pain or trouble; but unfortunately the pain seemed to be intensified and the paroxysms worse than before, and would leave her almost collapsed, and the yellow hue of the face more pronounced than ever after each attack, and it now required half a grain of morphine to relieve her.

The symptoms in this case reminded me of a case of infantile tetanus that I once treated and reported some years ago for the JOURNAL, and *was* tetanus in its essential elements.

Having read some time ago of the profound influence exerted by the lime salts over the female generative organs, and knowing that the basic lesion in this case was in these organs, and that dilating and curetting had not given the relief we had expected and hoped for, and having in mind the clinical report of a case that was in some respects parallel to this, I concluded to give calc. phos., and administered it in two-grain powders of the 3d trituration, giving a powder every two hours. The result was more successful and prompt than I had dared to hope, for the paroxysms were apparently lighter after the third dose, and in forty-eight hours had entirely ceased. I had anticipated some trouble in stopping the morphine so suddenly after so many days use of it, but she only seemed to miss it a little for twenty hours, which was manifested by a little nervousness and irritability, which soon passed away. All tenderness over the lower abdomen disappeared in a day or two, and improvement was rapid. The next period, which was, however, nearly two weeks late, came without pain and was very free, but some slight leucorrhoeal discharge yet persisted, which soon disappeared under the influence of a wash of hydrastis.

I remember that, several years ago, in this city, Dr. J. D. Buck had in his practice a case somewhat similar in some respects, but what treatment he gave her, or with what result, I do not know. I find quite a number of cases in my practice where young women suffer from menstrual irregularities and difficulties arising therefrom, improve nicely on the phosphate of lime, and regard it as one of the medicines that we could not well get along without, and of far more frequent benefit than the preparations of iron too often used; and when we are confronted by a condition arising from a functional wrong, and the point of origin lies within a circumscribed area, we need not a general tonic, but a special stimulant, having a specific affinity or action on the organ or organs where the lesion is found,

from which the whole train of morbid action is set up ; and correcting this we witness a general tonic effect.

I could further illustrate this by reference to a case which I was called in consultation to see some months ago, in which a wound in the wrist subsequently set up a condition in which local treatment relieved what seemed to have arisen from other causes altogether.

HOT FOMENTATIONS.

By Jesse A. Hunter, M. D., Lockland, O.

CORRECTLY speaking, fomentation means hot or warm. Writers on hydro-therapy use the term compress when speaking of cold applications, but we commonly say *hot* fomentations to make it distinct.

CASE 1.—A large carbuncle on back of neck ; patient a middle-aged man ; a clinical case at the Cincinnati Hospital, presented to the class by a member of the staff while the writer was attending hospital clinics. The physician in charge made the statement that the case had received no attention, except as nearly as could be a continuous application of fomentations of a two-per-cent. solution of carbolic acid. The case was presented to the class two or three times, and showed favorable progress with no unfavorable symptoms.

CASE 2.—Miss R. On March 2d of this year, I was called to this case ; found the young lady suffering much pain ; she had been unable to sleep for one or two nights on account of pain. On examination, the characteristic eruption and redness of facial erysipelas were discovered, extending from the right angle of mouth, covering the buccal region ; pulse somewhat excited, temperature normal. She gave a history of a light chill, with some elevation of temperature, at the beginning of the trouble. The bowels were constipated. The disease assumed the phlegmonous form, the soreness and pain extending to the inferior maxillary, even to its articulation ; the pain was of a throbbing nature. Under the administration of specific rhus and echinacea, there seemed some improvement, but two or three days later, for some cause, probably some improper local treatment, the throbbing again returned and suppuration seemed likely to follow. According to the authorities, free incision seemed now indicated. Not having any inclination to cut, and the young lady being strongly opposed to it for cosmetic and other reasons, the fomentations of carbolic acid solution were recommended, promising to return in ten hours to see the result. Next visit I found that the throbbing had ceased ; pain was much relieved and swelling reduced under a continuation of the fomentations and specific medication ; convalescence was rapid and satisfactory.

CASE 3.—Babe two months old. I had recently treated it for whooping cough. An umbilical hernia had developed as a complication.

This time the mother feared another hernia had broken loose. On examination, a reddened indurated enlargement was found in the left ischio-rectal region. Diagnosis, threatened abscess. An application of the tincture of iodine was recommended, hoping it might be aborted. The next day, however, found the symptoms aggravated. A faithful application of hot fomentations was ordered, a few drops of carbolic acid to be used in the water. Toward evening the abscess opened, a small amount of bad smelling pus being discharged; the fomentations being continued, the trouble disappeared without any farther discharge.

A NEW USE FOR ECHAFOLOTA.

By B. F. Beam, M. D., Eldorado, O.

I HAVE had under treatment for some time a case of spinal necrosis. From the diseased portion of the spinal column, the twelfth dorsal vertebra, there is a sinus through which the pus escapes to the surface. This would become filled with pyogenic membrane, occlude the sinus, and prevent free drainage. Symptoms of blood poison would intervene, and if allowed to continue, would soon end the life of the patient. We would have to resort often to the curette, to clean out the sinus, and occasionally the tissues would have to be cut away and the membrane dissected out. This was a painful and at best temporary expedient, as it would last only a short time, when it would have to be done again. This spring the patient was operated on by Dr. Russell. A large opening was made and the necrosed bone curetted and chipped off in the hope of removing the dead bone, and curing the lesion.

The soft tissues healed readily, closing the wound made by the operation, except the sinus leading to the seat of trouble, which remained. This soon began to fill with the pyogenic membrane, obstructing the drainage and allowing symptoms of blood poisoning to again occur. I was becoming discouraged, as I knew what this meant to the patient.

I was proposing, at one visit, to curette the canal again, when I discovered I had left my instrument at home. Having read a good deal of the local use of echafolta, I concluded to try it in this case. Accordingly, after cleansing with hydrogen dioxide, I injected into the canal a forty-per-cent. solution of the remedy, and put in a gauze drain saturated with the same solution, expecting to use the curette at my next visit.

When I called the next day, to my delight the amount of membrane was so much lessened that I did not use the curette. I continued to use the echafolta solution, and in three days the canal was entirely free from the membrane, and by its continued use has so remained. One great advantage also is that it is absolutely painless. The tissues look healthy; the amount of pus discharged is continually lessening,

and we feel very much encouraged over the result. Though our patient is not well, we have hope that the necrosis will heal, and our patient make a complete recovery. Should this help any physician having like trouble with myself, my object in reporting this case will have been attained.

YELLOW FEVER. ITS ETIOLOGY AND PATHOLOGY.

By Prof. Sanazelli.

TRANSLATED FROM THE SPANISH BY PROF. J. A. JEANCON, M. D.

IN order to make clear what we will advance on the subject of this article, we will give a short resume of the pathological anatomy of this disease. Yellow fever presents a group of symptoms of the greatest variety, which appear more or less regularly during the course of the disease, which may be put as a comprehensive nosological type, and divided into three successive periods of time.

First Stage.—After a stage of incubation, which may last from two to four days, the first symptoms may appear as a sudden and very violent attack. The patient may be seized in his sleep by a sudden chill of more or less intensity, which is then followed by a rapid rise of bodily temperature to 103° F. At other times, however, the primary symptoms may exhibit nothing particularly characteristic, for they may partake of ordinary fever phenomena (especially the acute infectious forms), such as headache, intra-orbital pain, general lassitude, muscular pains, epigastric pains, nausea, vomiting, and above all intense pain in the back. In a few hours the general condition of the patient becomes highly aggravated. The skin either becomes dry or covered with a very profuse perspiration; the face turns very red, the eyes are injected, the pupils dilated, the expression of the face scary, as if in a high state of drunkenness. This is followed by indefinite and painful restlessness, and always accompanied with severe spasmodic pain in the back, called by the French *coup de barse*, and intolerable epigastric pain, that puts the patient into a miserable state of moral and physical abasement. Obstinate gastric intolerance, unquenchable thirst, and terrible nausea, follow each other, affecting deeply the digestive function; at first manifested by vomiting all food taken, then discharge of mucus, and finally vomiting of bile follow this step by step. There is seldom diarrhea, but constipation exists as a rule. The tongue becomes furred, very red at its edges; the gums tumefy, and are often covered with blood; the mucous membrane of the palate often white or very pale; the pharynx congested or inflamed; urine is scanty, high colored, and contains albumen.

All these symptoms either remain for some time, or become aggravated in the first two or three days, whilst at the same time the bodily temperature steadily rises to about 104° F. with but very slight remissions. Upon this usually follow jaundice and the so-called black vomit, both due to frequent gastric hemorrhages.

Second Stage.—About the fourth day a surprising change takes place in the patient's condition, when all the symptoms become modified. Fever ceases, headache, pain in back and muscular pains disappear, with the thirst, congestion of the mucous membranes and of the skin. All these tissues gradually assume their normal status. The patient at this time experiences an unusual feeling of ease and well being. He becomes cheerful and anticipates a speedy return to health, yet the epigastric sensitiveness, which is so characteristic of the disease, and the vomiting, do not disappear completely, so that if the patient after this stage of resolution, which may last several hours, or even days, does not convalesce, then he passes into the

Third Stage.—This is generally manifested by a gradual rise of temperature, and rapidly growing worse of all the symptoms. Gastric sensitiveness and vomiting become intensified, jaundice becomes more pronounced, the pulse becomes exceedingly small and weak, and the skin perspires offensively—fetid sweat. The patient falls into a deep state of debility, which gradually passes into unconsciousness; the face loses all expression; hemorrhages of the nose, intestines, the ears and conjunctiva, and of all other cavities, increase in frequency and extent; then follow ulcerative processes of all mucous membranes; nausea and pains in the loins torture the unfortunate semiconscious patient. In the mean time, excessive hemorrhages exhaust the now delirious and terribly emaciated, moribund individual. Gradual drop of temperature and the almost imperceptible pulse soon indicate speedy death, whilst the vomiting still goes on, and convulsions still jar the prone body of the now comatose person. Death supervenes between the fifth and seventh day.

This is about the clinical type ordinarily met with in yellow fever. However, as in all other forms of infectious diseases, this type may undergo a great many varieties, and be connected with ever so many complications, that will show that this form of miasm is no more a unit than others. The most frequent exceptions, and which deserve to be noticed in a general way in its diagnosis, and especially in prognosis, are the following:

1. It is impossible to establish a specific *termic* type in yellow fever, for it varies so frequently from all ordinary well established fever types.

2. Jaundice may be manifested at a very early stage, or may not appear until convalescence.

3. Vomiting may begin very early or very late, and instead of assuming a hemorrhagic form, it may have a bilious character during the whole duration of the disease.

4. Death of the patient may not take place until the fifth or sixth day, or it may occur in the very onset of the attack, assuming a so-called fulminating (lightning-like) form. Or death may be retarded till the 10th or 12th day.

The most notable complications of yellow fever, which may occur

at almost any stage of it, are: Parotitis, abscesses and furunculous eruptions, which usually show up during the last stage, or during the beginning of convalescence.

A renewed attack, or a return of the fever, is always of a bad prognosis. It may happen shortly after the beginning of convalescence, or a month or so thereafter. Such returns, however, are rare, but happen after a light initial attack, which then constitutes an aggravation of the whole disease. But as a rule, when convalescence properly progresses, *immunity* is quite secure for the future—at least for a long time.

Viewed from an anatomico-physiological stand point, yellow fever may be considered an *esteatogenous* type of disease, since its symptoms are of a hemorrhagic and congested nature, but its morbid anatomy shows highly degenerative phenomena of the tissue elements in particular. Post mortem phenomena are as follows:

1. In the nerve centers are found—hyperæmia, serous infiltrations, a state of well marked congestion and hemorrhage of the meninges and of the cerebral and cerebro-spinal organs, especially in the dorso-lumbar regions of the spinal marrow. This state indicates the reason of the existence of intense pain in the back, which peculiarly marks the initial symptoms of this acute affection.

2. In the respiratory organs are found ecchymoses in the pleura and the lungs; sometimes acute catarrhal states of the trachea and bronchi.

3. In organs of circulation are found: Fatty degeneration of the myocardium and pericardium, both serous and hemorrhagic.

4. In the digestive organs can be seen the following: States of more or less acute character of gastritis; the mucous membranes sometimes normal, sometimes hyperæmic; now and then much ulcerated; the liver undergoing fatty changes, diffused more or less—a condition resembling that found in poisoning with arsenic or phosphorus, which acquired characteristic gives it the singular appearance of dry leaves, old leather, or buckskin, etc.

5. The mesenteric glands are found tumefied, often of normal appearance and consistence.

6. The kidneys present a state of acute nephritis, with fatty changes of the renal epithelium. The bladder is usually contracted, now and then congested, containing more or less albuminous or hemorrhagic urine.

7. The spleen is, as a rule, but little involved; it is usually of normal size, and is only slightly enlarged when the fever lasts more than ten days. The last fact shows that there is a distinct difference between yellow fever and other paludal fevers.

8. As regards the changes in the blood, besides the characteristic state of dissolution of the blood corpuscles and the variability of proportion of urea contained therein, the attention is directed toward the excessive hemorrhages, which in frequency and extent constitute a

characteristic feature of yellow fever. After all it may be correctly said that there is no real pathognomic lesion of yellow fever. For the same pronounced tendency toward fatty degeneration and dissolution of the blood corpuscles may be observed in many other forms of disease processes in cases of poisoning with phosphorus, arsenic, alcohol, typhoid and recurrent fevers, scorbutus, etc. In fact all the various forms of textural as well as chemical changes taking place in yellow fever truly exist in nearly all other forms of tissue destruction and decomposition; yet, as Jaccaud correctly states, in yellow fever these alterations constitute an anatomical criterion more clearly defined and more pronounced than in the majority of infectious diseases.

"What is the process and what the pathogenic agency of such a grave complicated affection?" asks the author of these articles in the "*Revista Medica de Bogota*," Prof. Sanazelli. The literal translation I here give. His statement is the following:

At a far distant date back of our present one physicians admitted or presumed yellow fever was due to malarial influences. Later on, it was supposed, at least theoretically, that it is brought about by a specific microbe, in the search of which all the bacteriologists have in vain labored assiduously. It would be an idle task to enumerate the number of these researches which have proved erroneous and without result.

Dr. G. Sternberg, of Baltimore, author of the most recent and best investigation of the subject until this day, has declared that up to date the yellow fever microbe has not been really discovered, and that the question has to be studied anew. The greatest number of authors, among them Dr. De Lacerdo, of Brazil, South America, holds that it is produced by a local infection, principally in the stomach. In this organ, though as yet not recognized, the infectious matter is produced and elaborated, then diffused in the blood and there absorbed and thence propagated, giving rise to the peculiar symptoms which are clinically called yellow fever.

Prof. Sanazelli states further that he was able to collect much material for studying this disease at the hospital of the Island of Flores, where he had established a laboratory for that purpose; then many patients came from the several ports of Brazil; also in part many of them at the Hospital of St. Sebastian under the direction of Drs. Seilda, Fajaro and Couto, and where he made many bacteriological investigations, as well in the pathological anatomy of the same lesion. The results of his investigations he gives in the following terms:

"Whoever has treated cases of yellow fever and has followed attentively its development and the successive series of symptoms which impart to these lesions such a typical characteristic aspect, can not doubt one instant that the cause of these all is a distinct and specific infection of a microbe nature, and can thus be verified and readily proven by the autopsy." On the other hand, however, the most complete and most minute investigation practiced upon the cadaver is

liable to lead astray and confuse the investigator. Indeed cadavers of this typhoid icteroidus, as this author names yellow fever, are either free from any specific microbes or are filled with certain species of microbes, such as strophococcus, staphylococcus, colibacilli or protozoa, that neither of them can be considered as the morbid cause; or there are present such numbers of mixed groups of microbes that their successful study and classification would make it impossible for a systematic investigation. However, by an almost lucky circumstance, I was able to discover and to obtain in a state of nearly pure cultivation the specific microbe of this infection. I state that it was in an almost state of purity, for in the many other cases, both of pure culture and otherwise the vast multitude of heterogeneous microbes rendered pure-culturing an useless task. Speaking of the specific icteroid bacillus, it must be understood that it can only be discovered in the blood and in the bodily textures, but not in the intestinal canal, where so far not one has as yet been actually found. In fact, in yellow fever as in typhoid, there are found such an exaggerated multiplication of colibacilli that they may there exist in an utmost state of purity. Concerning treatment of yellow fever we are yet in the initial stage of positive results from a great variety of therapeutic procedures. Intestinal asepsis and alkaline remedies have so far proven the most successful. During the years 1862 and '63 I had occasion to examine and treat a few cases of yellow fever, and of course my personal experience in this matter is very minimal. However, I would suggest that from the very nature of the lesion, when the primary morbid processes are of destruction of the hematetes, that the treatment should be directed toward preservation of the elementary and most important tissue elements; that is, the blood corpuscles. Alkalies and internal administration of warm water in large quantities seem to me most suggestive.

This article is from three numbers of the *Revista Medica de Bogota* of the months of August, September and November, 1897.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

FOREIGN BODIES IN THE EYE.

The season of dust, insects, etc., being at hand, it may not be amiss to give a few general directions for the removal of foreign bodies from the eye. This is not as easy a matter as one would think, for at times the object is so small it cannot be seen without the aid of a magnifying glass. A small pocket lens in a hard rubber case will be found most useful, as one then has it along. A good light is also essential. In the hands of an expert, the eye needle is most useful, but otherwise it should never be used, as the danger of doing damage is too great. Some rule should be followed in looking for foreign bodies, else they may be overlooked.

Place the patient in a good light, standing either in front or behind as most convenient. Separate the lids as much as possible with the thumb and forefinger of the left hand and inspect the cornea and conjunctiva, having the eye turned in all directions. Use the unassisted eye and then the lens. While doing this it is well also to see whether any of the lashes may have been turned against the eyeball. If this examination fails to show any foreign substance, the upper lid should then be turned. Direct the patient to look down at the feet, and grasping the central lashes, pull the lid down, then placing a probe against the lid at the upper border of the tarsus, push lightly back, at the same time pulling the edge of the lid downward, then upward toward the eyebrow; the lid will be everted without pain to the patient. The lid should be inspected as carefully as the ball was, and especially at either canthi, as some cases are simply enlarged follicles giving the sensation of a foreign body. While the upper lid is turned the inner surface of the lower lid should also be inspected.

If a foreign body is lodged on the cornea or eye ball, the removal should not be attempted without the use of a cocaine solution, two per cent. A blunt eye-spud is the best all-round instrument that one can use, but unless deeply embedded, the end of a match sharpened and smoothed will be all that is necessary. No unnecessary force should be used in these operations, and the instrument should be brought directly to the edge of the body, so there will be as little mutilation of surrounding tissue as possible.

Emery and burned powder are about the most difficult objects to remove, and much care is necessary or trouble may follow the attempt. If emery, and it has burned deeply, it is just as well to remove what can easily be reached the first day, and try again the day following. It is not always possible to remove all the stain in these cases, and there may be points of ulceration. This should be watched for a few days. Powder, when embedded deeply, should be handled very carefully, as the danger is greater than usually supposed. The quicker the grains can be removed the better, but first be sure none of the grains have penetrated the ball. If they have, the integrity of the eyeball is in danger, and it is best to have the case seen by a specialist, for your own protection if nothing more.

After the removal of foreign bodies, I usually give a wash of boric acid 3ii to a pint of water, to be used for a couple of days, and always caution regarding inflammatory action coming on within a day or two.

ACUTE DACRYOCYSTITIS.

This painful condition is frequently the result of inflammatory conditions of the nasal mucous membrane, the inflammation extending from the nose through the nasal duct to the lachrymal sac. In many cases the catarrhal condition is brought on by swelling of the inferior turbinated tissues, closing the nasal opening of the duct. In

cases of dacryocystitis the nasal cavities should be examined for the purpose of finding the condition of the air passages. If hypertrophy is found, and it will be in most of these cases, do not think it necessary to operate on them at once. A pledget of cotton as large as will pass readily into the nostril, saturated with glycerin, will empty the sac in a majority of cases, and the use of a wash of boric acid will often complete a cure. The wash is made of boric acid 3ij, water fl3xvj.

If suppuration of the sac has occurred, or there is strong evidence of pus breaking through on to the cheek, it is then advisable to slit the canaliculus, unless the pointing is marked, then open directly into the sac at the most dependent point. The sac should be frequently irrigated with the boric acid solution. The internal administration of lime water or the calx sulph. 2x, in connection with any other remedies that may be indicated will usually be followed by good results. As for the use of probes, I never use them except for diagnostic purposes. I firmly believe that nine cases out of ten are made worse through their employment. When it seems imperative to use them, no force should be employed, for the mucous membrane is exceedingly tender in all cases where a probe is needed, hence the liability of tearing is increased, and pockets, as well as organic strictures, instead of functional ones, result. The bone is frequently denuded, and I have seen cases in which an area as large as a nickel of necrosed bone could be felt with the probe.

ULCERATION OF THE CORNEA FOLLOWING MEASLES.

E. N. æt 5, had an attack of measles. Two days after the appearance of the rash the left eye reddened and was sensitive to light. The attending physician said the trouble did not amount to anything and would get along all right. This was the history taken at the time I first saw the case, ten days after the eye symptoms were noticed.

Examination of the left eye showed the entire lower half of the cornea was one large ulcer. The destruction of corneal tissues was nearly one third the thickness, and numerous points of infiltrated blood were noticed. The diseased condition seemed to penetrate the entire thickness of the cornea. Prognosis: Vision, if the eye was saved, would never be very acute. The chance for saving the eye ball being on the wrong side of the balance.

With this understanding, I washed the eye with a saturated solution of boric acid, then, after using cocaine, made a careful application of a 5 per-cent. solution of nitrate of silver, being careful not to get any of the solution on the healthy cornea. Kept the lids separated for a minute, then neutralized the silver with a salt solution. After instilling a solution of atropine gr. j to fl3j. I put a bandage over the eye which was to be removed when they reached home. The eye not to be covered excepting when out in the dust or bright light.

Gave a solution of boric acid 3ij. water fl3xvi. to be used every hour.

Internally gave R. Sp. aconite gtt v. aqua fl̄iv. Six. : Teaspoonful every hour. R. Tab. Calx sulphurata 2x. Sig. : One every three hours.

After five days the ulcerative condition had all disappeared with the exception of one small point, and this only held a couple of days longer. The opacity was very dense and looked as though a solution of lead had been used at some time during the ulcerative process.

The utter lack of complications arising in this case makes it exceptional. Few cases of corneal ulceration will progress with such simple treatment, and the improvement will not as a rule be as rapid.

A rule that should be observed in all cases of eye trouble, even when the cornea is not affected, is never to use acetate of lead. There are so many remedies that will do no damage to the eye, and I think there has never been a case that improved under the use of the lead wash but would have made better progress with some other drug, that I am in favor of relegating this drug to the background for all time.

NASAL HEMORRHAGE.

Hemorrhage from the nose is from many causes. From trauma, such as blows, falling on one's face, removal of enchondromas or exostoses with saw, gouge or other instrument. From a ruptured blood vessel seemingly without any cause. In the former cases hemorrhage is from the site of injury or point of operation. In the latter it is most usually, I might say always, on one side or the other of the septum, far in front. Hemorrhage often occurs from constant picking of the nose, and from a gradual thinning or wearing away of the walls of the blood vessels in this region. This occurs in cases of great debility, as in typhoid fever, etc. In case of persistent hemorrhage, from a point far back in the nasal cavity, I know of nothing better than a wet tampon of sterilized non-absorbent cotton (wet with cosmoline, alboline or peroxide of hydrogen.) This plan, I might say, has been advocated by no one, to my knowledge, except myself. Others advocated the use of absorbent cotton, saturated with cosmoline or alboline; some with peroxide of hydrogen. The object of sterilizing is very plain, also the idea of using the non-absorbent cotton, instead of the absorbent, since we have in the absorbent just what we do not want. We have cotton without oil, and unless we replace the oil to a certain extent it makes a very poor hemostatic. We take the absorbent cotton and endeavor to replace the oil of which it has been deprived by saturating it with alboline. Would it not be far better to take the non-absorbent and add more oil to it by saturating it with cosmoline or alboline, and then use this as your tampon? The manner in which I use this is as follows: Having applied to the mucous membrane of the nose and throat a little muriate cocaine solution, I place my index finger of the left hand in the patient's mouth, extending up behind the palate. The end of this finger acts as a base on which to build, then

with a probe I pack the nose as full with this sterilized non-absorbent cotton as I think needful. This tampon should not be allowed to remain longer than thirty-six hours. This measure I never adopt where the hemorrhage is from a point that can be readily seen. The cautery in such cases is quite sufficient.—*J. M. Crawford, M. D., before the Amer. Laryngological, Rhinological and Otological Association.*

PILOCARPINE IN DEAFNESS.—Dr. Gotham Bacon, of New York, reports the case of a male patient of thirty three years who, when first seen, had both tympanic membranes destroyed, and the ossicles bound down by adhesions. (*New York Medical Journal.*) There was a slight discharge from the ears. Under the hypodermic injection of pilocarpine, the patient, who had formerly been able to hear only by means of a trumpet, could now hear the raised voice at a distance of one and a half feet. The remnants of the drum-head and ossicles were then removed, this being followed by greater improvement in the hearing.

The author has obtained the best results from pilocarpine in cases of sudden deafness due to syphilis.

[I have found *Sp. Jaborandi* in doses of from gtt v. to x equally as good as the hypodermic use of the alkaloid.—K. O. F.]

PECULIAR LODGMENT OF A FISHBONE.—The patient, a male, complained of pain and uneasiness in throat after swallowing fish bone. Nothing unusual was noticed on ocular examination. Finger revealed distinct pricking sensation in passing over right tonsil. Small white speck in a tonsillar crypt was seen, which, on being withdrawn, proved to be a semi-circular piece of fish bone, half an inch in length. Pain was mostly confined to the right ear.—*Dr. Magee in N. Y. Medical Journal.*

PERISCOPE.

SPECIAL WAR CORRESPONDENCE.

Description of the Hospital Ship "Relief." Plans for Caring for the Sick and Wounded on the Ship. Climate of the Philippines. Troublesome Insects. Leprosy. Work of the Surgeon-General. Vacancies in the Medical Service. Alcohol and the Army. The Red Cross Society and Its Relation to the Medical Departments. Advice of the Surgeon-General as to Contributions from the Charitable.

(From the Special Correspondent of the Philadelphia Medical Journal.)

The hospital ship *Relief*, now being fitted out in New York, with its companion the *Solace*, marks a great step forward in methods employed in caring for the sick and wounded in war. On the main deck there are to be some 150 cots, the frames of which are to be of iron pipe painted white. Each cot is to be a double decker, so that there

will be place for 300 sick and wounded. The beds are of wire spring with a cotton mattress. The cots are arranged in rows in such a way as to leave a long passage between for litters, etc. At the head of each is a crate made of wire, for dressing, etc., and a wire railing along the outside protects the occupants from falling out in case of bad weather.

On both sides of the ship, cradles (fastened to davits) will be fixed, by which the patients may be raised and lowered with the least possible disturbance and shaking; the transfer of the patient will be facilitated by placing the cradle on a track on which it will be smoothly run to any given point; in certain cases to a large bath room of the finest construction, where the patient will be given a bath and suitable hospital clothes.

All clothing worn by the patients will be at once disinfected, for which purpose a large disinfecting plant will be constructed in the hold of the ship. Mattresses and bed clothing will in every case be similarly treated as occasion may arise. There will also be elaborate bath rooms and toilet rooms for convalescents, officers, surgeons and nurses.

It is to be noted that patients with contagious diseases will not be taken on board the *Relief*, but an isolated ward is being constructed in event of such cases developing after being admitted.

The ship will be fitted also with a complete system of electric fans, a refrigerating plant, an ice machine, distilling apparatus, a patent system of ventilation, and, indeed, with everything which advanced sanitary methods can suggest.

An interesting and novel feature in the surgical outfit will be a complete, up to-date X-ray apparatus.

Patients taken aboard the *Relief* will be transferred as soon as advisable to the nearest shore hospital from there; I understand they will, at the proper time, be sent to the convalescent hospital, which is rapidly being fitted at Fort Meyer, Va., a beautiful and sulubrious spot. It is well known that the Surgeon-General is opposed to women nurses (and I believe will not allow them) in the field; it is, therefore, interesting to note that he has decided to attach some six women nurses to the *Relief*.

I have been unable to learn whether the *Relief* will receive patients from the navy ship *Solace* for transfer to the shore hospital. I should infer, however, that such would be the case.

Both these ships will, of course, sail under the Red Cross flag.

The climate and sanitary, or rather unsanitary, conditions of Cuba have been much discussed, and it is well known what our troops will have to contend against in that island.

The departure of a large body of men to the Philippines has suddenly called attention to the conditions of these far-off islands, and all possible is being done to properly fit the troops for duty there.

The hottest season, it seems, is from March to May, inclusive, except in the Pacific Sea, where the greatest heat is felt in June, July and August; the average temperature in Luzon Island being about 82° F. The climate is uniform, however.

As for Manila, which is the present destination of our troops, Foreman says the climate is healthy, the maximum and minimum temperature at noon being 98° and 75° respectively. December, January and February are a "delightful spring." During this time woolen garments may be worn with comfort in the morning. In March, April and May the heat is oppressive. In June, July, August and September there are heavy rains; October and November are doubtful months—briefly, a pleasant place to reside in.

Except in the swamps and jungles the men will have little to fear from insects, though in Manilla and a few large low-lying villages mosquitoes are troublesome, but thanks to a species of lizard called the *chacon*, and the small house newt, one is tolerably free from crawling insects.

Leprosy is apparently not to be cured, though there are a certain number in the Islands and a leper hospital near Manila. As for the diseases in and about Manila, an examination of the weekly health-reports sent by U. S. Consuls show that there is a certain small amount of yellow fever, small pox and enteric fever. On the whole the outlook for our troops is most encouraging.

From the foregoing it will be seen that our army has very much less to fear from sickness in the Philippines than in Cuba. The uniform of the troops for Manila is in the main to be the same as that worn by the English army in India.

The following extract from the *Army and Navy Register*, for May 28th, will give an idea of the work thrown upon the Surgeon General:

"The first expedition for the Philippines under command of General Anderson has started and five transports for the second expedition have been secured. Plans for the occupation of Porto Rico and Santiago have been discussed. Unofficial statements are to the effect that Porto Rico will be occupied before the Cuban campaign begins. About 118,000 of the 125,000 volunteers called for, under the first call of the President, have been mustered into the service of the United States. They are being forwarded with all dispatch possible to the points of mobilization. Mustering under the second call, for 75,000 volunteers, is under way. The mustering of this force is expected to progress more rapidly than was the case under the first call."

Notwithstanding the terrible amount of work involved by this extension in its sphere, complaint has yet to be made of the medical service of the army. When we consider that Dr. Sternberg's department had, on April 1st last, but 25,000 men to look after, and that it has at the present time say 150,000, his service will be understood—and, let us hope, appreciated.

In this connection, examinations are now in progress here for commissions in the Medical Department of the Army. There are at present in all 25 vacancies for the post of Assistant Surgeon. Up to and

including Friday, six candidates had passed, and will be appointed, for the present, as Contract Surgeons—later to be commissioned as First Lieutenants and Assistant Surgeons.

The disastrous effects of the use of alcohol in the climates to which our army has been ordered need not be emphasized, and certainly not after the manner of that "yellow journal" of temperance, *The New York Voice*. General O. O. Howard wrote them an article on the subject in which he says :

"My mind has reverted to the necessity of letting every officer and soldier know that alcohol will not help the digestion and that alcoholic drink will be the best possible means to produce unfitness for service, unfitness to endure the miasmas of swamps and the dangers from yellow fever."

The paper makes this the excuse for such headlines as "How an Army is Demoralized by the Drink Curse;" "General O. O. Howard writes for the *Voice* details of the havoc played by alcohol during the civil war;" "A Great Battle Lost to the Union Through a Drunken Commanding Officer;" "How the Disaster at Fredericksburg was Augmented by a Drunken Brigade Commander." All of which is a libel on our army and is simply shameful, and as the *Army and Navy Register* remarks :

"No such state of affairs exists and probably no one knows it any better, in his use of superlative phrases and wanton exaggeration, than the editor of the *Voice*. The United States Army is not demoralized by drink, and no such menace presents itself. There are individuals in all branches of the services who cannot or do not control their appetites, but under the liberality of the post exchange system there has been no such thing as demoralization.

"The army surgeons may be depended upon to exercise their influence and authority in establishing proper drink and diet for officers and men in climates where such things will affect health and life."

I call attention to the above, for many foreign journals will be only too happy to make use of it to the discredit of the army and its medical officers.

We have been treated again this week to a somewhat hysterical outbreak of the Red Cross Society. Miss Barton, of newspaper fame, has informed an entirely submissive public that this organization has been long since "recognized" by the Government. This is true, but the subscribing and contributing public should not continue to subscribe and contribute under the impression that the Red Cross surgeons and nurses will be used by, or indeed will be necessary to the service in Cuba. Our United States sanitary corps, under Dr. Sternberg, is quite capable of taking care of its own, *i. e.*, the American troops. This Government does not need the help of any such an organization, all too amateur and sentimental, as the Red Cross, and it does not, I believe, desire its help, which practically means its interference.

If the good people in New York and other cities, who are giving so much aid to Miss Barton and her society, would send the money to Dr.

Sternberg they could rest assured it would serve a far better purpose, and be properly applied. In this connection an army officer said to-day that, though Miss Barton was a well meaning lady, there were practical men in the medical departments who knew how to direct what pertained to the professional work of the army and navy. The present Red Cross organization, we may say, directs a gross misdirection of money and it should not have the support of any practical and scientific-minded person. Those in charge of the movement are doubtless in earnest, but the Red Cross, under present methods, cannot and will not be of great service either to the Government, or to the sick and wounded. Finally, I repeat, on the best authority, that the *official* recognition by the President *does not abrogate the order quoted in my last letter, which requires an individual permit* from the General commanding for Red Cross surgeons and nurses to be allowed on the field.

Apropos of women nurses in the field, I showed your statement on page 962 to the Surgeon-General:—

“It is said that the determination of the Army and Navy officials not to enlist any woman nurses for war service has been given up, and that Dr. Anita Newcomb McGee, of Washington, D. C., has been charged with the selection of all the war-nurses for the Government during its present conflict.”

He authorized me to say that women-nurses will not be allowed on the field—the nurses referred to above are for the *shore hospitals* only.

As the department has been overrun with offers of everything under the sun, the Surgeon-General is about to send out the following general letter, which I am enabled to give you in advance, through his courtesy:—

“Having received numerous letters from patriotic ladies asking what articles would be acceptable for the use of the sick and wounded soldiers in the field and in hospitals, I have prepared the following memorandum to be sent in reply to letters of inquiry.

“Money may be sent to the Surgeon-General of the Army as a contribution to the hospital funds for the hospital ship *Relief*, or to the United States general hospitals. This will be sent to the surgeons in charge to be used as occasion and our purposes require. Shirts and drawers are required by the Government, but will be and may be given to convalescents upon discharge from the hospitals. Pajamas made of light gingham will be useful for the sick in hospitals and on the hospital ship, as they can be worn by the convalescents who are able to be out of bed. Long night shirts can also be utilized. Broad bandages of light flannel to protect the abdomen are highly recommended and may be worn to advantage by our soldiers in the field.

“The articles mentioned may be sent direct to the Surgeon-General of the Army or to the Surgeon in charge of General Hospitals.”

I respectfully recommend the foregoing notice to those who are charitably inclined, and advise them to at once divert their contributions, intended for the Red Cross, into this channel.—*Philadelphia Medical Journal*.

Eclectic and Homœopathic Physicians in the Army.

We have lately been in receipt of numerous communications from our Western brethren urging that immediate and concerted action should be taken to prevent unjust discrimination against Homœopaths and Eclectics in the appointment of army surgeons.

The following cutting, taken from a recent New York daily, would, if correct, seem to show that *no very radical steps are necessary in order to obtain recognition by the Government of competent, all-around, qualified medical men of whatever school of practice:*

"Governor Voorhees has announced the appointment of surgeons for the three New Jersey regiments. Dr. Charles F. Adams, the leading Homœopathic physician in Hackensack, will serve as regimental surgeon of the Second Regiment.

"The medical fraternity are considerably interested in the case of Dr. Charles F. Adams, who was selected as surgeon of the Second New Jersey Regiment, and, after passing the physical and mental examination with a rating of 100 per cent. was rejected because he was of the Homœopathic school, but was *promptly appointed by Governor Voorhees*. One newspaper statement has been that "the rules of the War Department allow only old-school physicians." The rules of the War Department do nothing of the sort. They make absolutely no distinctions between old and new schools. Dr. Adams, whose appointment by Governor Voorhees was perfectly regular and will pass muster with the Surgeon-General's office, will find ahead of him in the army physicians of the Homœopathic and the Eclectic schools. The examiners who attempted to throw him out had no authority to do so, and if their conduct came up for review before the authorities in Washington it would be rebuked as unwise.

"All that the rules of the department require is that a candidate shall be a citizen of the United States, of sound health and good character, and 'a graduate of some regular medical college;' he must have had a certain amount of hospital practice, and must come within certain limits as to age and stature, and be able to answer a number of questions designed to test his general intelligence and information, as well as his strictly professional acquirements. The board that examines him is composed of two local civilian physicians and one member of the army medical corps. If the civilians are stupid enough not to understand the reasonable meaning of the phrase, 'some regular medical college,' it is their business to inform themselves by application to Washington or otherwise. From Washington they would be instructed that the uniform interpretation by the department makes *any medical college 'regular' which is legally authorized by the State where it is situated to confer doctors' degrees in medicine.*

"It is true that the medical corps of the army is largely made up of old-school physicians, but this from accident, rather than intent."—*New England Medical Gazette.*

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THE UTERINE ARTERY.

The uterine artery is the one upon which the uterus chiefly depends for nutrition. It is derived from the anterior division of the internal iliac artery in the lateral region of the true pelvis. It passes the uterine cervix downward and inward in a tortuous manner, and reaches it after giving off a branch to the cervix at about its junction with the corpus uteri, and ascends upon the side of the body to the fundus uteri, between the anterior and posterior layers of the broad ligament. Its course is very tortuous, allowing for changes in the size and shape of the organ. It gives off numerous small branches to the anterior and posterior walls of the uterus, which anastomose with similar branches from the uterine artery of the opposite side. Its terminal branches anastomose freely with the terminal branches of the ovarian artery. Some branches go to adjacent parts of the ureter and bladder.

The ovarian artery is especially an artery of the ovary, just as the spermatic artery of the male is especially for the supply of the testicles and epididymus. Its branches also supply the Fallopian tube and fundus uteri, and anastomose with the terminals of the uterine artery.

The great vascularity of the uterus corresponds to its functional importance. During the increase of structure when pregnancy exists, the uterine arteries adapt themselves to the requirements of increased nutrition. Tumor formations in the uterine tissues, which grow to considerable size, excepting possibly those of the fundus uteri, cause increased activity of the uterine arteries. The fibro-myomata, sub-peritoneal, intra-mural or sub-mucous, in those portions of the womb, are nourished by the increased activity which the presence of neoplasms in the tissues produces in the vessels which supply them with blood. An operation which would cut off such a nutritive supply, and arrest their growth, thus tending to their diminution, if simple and non hazardous, should be preferable to one in which the abdomen must be opened, or complete extirpation of the uterus performed. There are many cases where those operations have to be done, yet

there are many others where the ligature of the uterine arteries may arrest the growth of non malignant neoplasms, and should be the operation of preference. In no case would it interfere with abdominal or vaginal hysterectomy, should either of these operations become necessary on account of failure of the previous operation arresting the growth of the tumor.

Operation.—With the patient in the dorso sacral position, and the vaginal walls held apart in all directions with retractors, the cervix uteri is seized with vulsellum forceps, and drawn to the right if the left artery is to be ligatured. An incision is made through the wall of the vagina in the left vaginal fornix from before backward, and not too near the cervix. The incision should be deepened carefully, and not further forward than a line tangential to the anterior surface of the cervix, so as to avoid the ureter, which passes in a somewhat different or more vertical direction to the base of the bladder in front of the uterine neck. With a good light the artery can be found, but care should be taken that it is the main artery, and not the cervical branch. The pulsation of the vessel can generally be felt.

With a curved needle in a needle holder, a double silk ligature can be passed around the artery and tied tightly, the two portions of the ligature being tied at a sufficient distance from each other to allow the vessel to be safely cut between them.

The operation is then repeated on the right uterine artery. The circulation is thus cut off from the greater part of the uterus, and the anastomosis of the ovarian artery can only supply enough blood for the partial maintenance of structure, for these arteries are relatively small, excepting in the cases in which they may have become greatly enlarged.

The greatest care must have been taken to put the patient in the best condition possible before the operation, and the vaginal surface, as well as canal of the uterine cervix, should have been cleansed in the most thorough manner. A few sutures with a loose antiseptic dressing complete the work.

In dangerous metrorrhagias, especially those produced by neoplastic formations of the lower part of the uterine body, difficult or impossible to remove, where remedies fail and life is threatened from increasing anæmia, this operation should be done rather than the unsexing operation of hysterectomy. In cases in which the branches of the ovarian artery are presumed to be involved, this operation would not be indicated.

E. F.

EPILEPSY.

The treatment of epilepsy has always been remarkable for its failure, rather than its success, a permanent cure with any remedy or combination of remedies being rare. Three cases have been under observation during a period of from twelve to fifteen months, which seem to be at least temporarily benefited. It can not be said that these cases are cured, they may simply be in abeyance.

One case was that of a boy aged eight years, brought for treatment Sept. 9th, 1896. The patient was dull, apathetic, erratic, impulsive, well nourished with ravenous and perverted appetite, facies epilepticus well marked. Had from six to eight epileptic seizures daily, varying in intensity. Treatment—Specific *cenantha crocata*, sp. *solanum carolense*, sp. *jacaranda*, *aa.* ʒ ij; bromide potas. ʒ iv; aqua menth. pip., simple syrup, *aa.* ʒ viij. M. Dose, teaspoonful every four hours.

Saw the patient thirty days later. No fits had occurred in the mean time. There was considerable improvement although he was still somewhat nervous, and the bowels were habitually constipated. Prescribed cascara cordial for constipation; cypripedium for the nervousness, and continued the *cenanthe*, etc. The patient returned in thirty days, and again in sixty days, no relapse having occurred. He was dismissed, with directions to continue the medicine at intervals for three months. He was seen again twenty months after the first treatment; there had been no epileptic convulsions during that time; the child seemed bright and intelligent; was going to school and keeping up with his classes.

Another case, farmer, aged 20, strong and well nourished, fairly intelligent, nervous, erratic, very suspicious, stubborn, extremely religious, does not masturbate, appetite good, digestion poor, bowels constipated. Has "falling spells" and "spells" at night. His brother says these "spells" are well developed epileptic fits.

The patient has bromide eruption, has been treated by several physicians, also by traveling doctors and with domestic medicines, and besides has taken numerous kinds of advertised remedies, all with but temporary relief. He now has two or three seizures every twenty-four hours.

Prescribed: Sp. *cenanthe crocata*, sp. *solanum carolense*, *aa.* ʒss; brom. potas. ʒss; aqua, ʒvj. M. Dose, teaspoonful every four hours. For indigestion and constipation: R—E.s. pepsin, cascara cordial, *aa.* ʒij. M. Dose, teaspoonful after meals.

The patient applied for treatment December, 1896; in January, 1897, thirty days later, there had been no recurrence of the convulsions. He continued the medicine, somewhat irregularly, for three months, and as there was no return of the disease, the treatment was allowed to lapse. In January, 1898, he came back again, saying he feared a return, as the former hazy feeling had again lately annoyed him. He was given the *cenanthe solanum* preparation, and now considers himself cured.

The third case was a girl aged 10, well nourished, morbid appetite, stupid, sluggish, apparently feeble minded. She had from ten to twenty fits daily, requiring constant attendance. R—Sp. *cenanthe crocata*, sp. *solanum carolense*, sp. *pulsatilla*, sp. *cypripedium*. *aa.* ʒij; aqua, q. s. ad ʒiv. M. Dose, teaspoonful every four hours. Also, R—Liquid lacto-peptin, cascara cordial, *aa.* ʒij. M. Dose, teaspoonful after meals.

The patient was seen first in November, 1896, and twice thereafter at intervals of thirty days. She is reported to have had no attacks since beginning the treatment, now about eighteen months. She has taken no medicine for the last six months.

These cases have been carefully watched in order to eliminate error and ascertain the real condition of patients, as the friends of patients with epilepsy are prone to report erroneously. Several other cases were also treated as above, and the patients assert that they are cured, but these assertions lack confirmation, and hence must remain in doubt until further investigation. In conclusion it may be said, that the combination of vegetable remedies with the bromide seems beneficial when the bromide alone is not effective.

L. W.

THE ETHICS OF MEDICAL JOURNALISM.

The proprietor of a much advertised patent medicine, who is himself thoroughly familiar with the art of advertising in all its branches, has been having lots of fun with some of our esteemed contemporaries. Being of a jovial disposition, he has mercifully not kept the joke to himself, but has shared it freely with the doctors in the land, somewhat to the disgruntlement, we fear, of the fish who too greedily snapped at his bait, to find it nothing but flannel.

This amusing gentleman wrote out a flamboyant advertisement of his patent remedy, which remedy, he said, was on sale "in many grocery stores, restaurants, saloons, and other places where it is not usual to find a medicine." A copy of this was sent to each of one hundred and nineteen medical journals in the United States and Canada; and accompanying it was a letter inquiring whether the advertisement would be acceptable as written; if not, what changes would be necessary; and if accepted, what the price would be for one insertion or for a full year. Sixty-six of the papers addressed probably suspected something or else regarded the inquiry as an impertinence, and sent no reply whatever. Of those that did vouchsafe an answer, twenty-three rejected the proposition, some with scorn, others with regret. The remaining thirty yielded to the tempter, most of them unconditionally, a few asking for more or less immaterial alteration in the wording of parts of the advertisement. All the replies, both affirmative and negative, are published, and it is humiliating to note the avidity with which the bait was gulped down—bob, hook and sinker—by some editors who boast of the huge circulation and lofty moral tone of their journals. Of the fourteen journals approached in Chicago, the headquarters of the American Medical Association and supposed to be sodden with ethics and high principles, six accepted the patent-medicine advertisement. On the other hand, in New York city, the alleged hotbed of heterodoxy and lair of unethical brigands, thirty journals were tempted and only six fell, and of these six only *Pediatrics*, *The Medical Examiner*, and *The Polyclinic* have any standing as legitimate journals.

Many other interesting comparisons might be made in a study of this entertaining pamphlet. For example, *not a single Homeopathic or Eclectic journal* [Italics ours—Editor] so far as we can see from a careful reading of the list, lowered its flag for the sake of the patent-medicine man's money; the sinners were "regulars" all. Philadelphia also made an honorable showing, only one periodical of any importance having yielded to temptation. — *Medical Record*, New York.

The foregoing paper, reproduced by us from *Printers' Ink*, appeared in the editorial columns of the *Medical Record*, New York. We ask our readers to study it with care, as it contains much food for thought. We shall use it as a text to call attention to a fact, heretofore unperceived by our friends of the regular school.

They have been taught that we were the quacks in medicine, and with this opinion firm in mind, have not done us the justice they should have done. We do not deny that here and there an Eclectic physician has broken faith with his teachings, but, justice to themselves alone should have led the representative men of the regular school not to misjudge us as a people, because of the failings of individuals, especially as when one Eclectic has gone astray many regulars have done so.

We have rested quietly under the unjust reflections of our rivals; we have been called quacks and charlatans, and other unkind terms, until we have become calloused, well knowing that when the final test came it would be shown that we were not the quacks. In all kindness we say, if the members of the regular school of medicine will live up to the Eclectic ethics they will maintain the highest possible standard of ethics that begins with the word "justice" and ends with the word "right." We will say in addition, that in our opinion regular ethics have not been practiced because there are no regular ethics and there never has been any, other than on paper. No consistent study of right and wrong has been made by the code advocates, and hence the dilemma of their journalists, who in our opinion desire to do right, but who have no means to determine what is right either by their code, by their leaders' acts, or by their method of practice.

Gentlemen of the regular school, confer together, formulate your ethical rules into rules your members can live up to and comprehend, and outsiders will honor you, and then, live under them honestly. Stop your quixotic pyrotechnics, throw your great influence in behalf of humanity, become less vicious, fairer towards your brethren in and out of your own school, explain what you mean by the word *ethics*, and then be men, live up to your principles.

We have great faith in the intent of our regular friends, the rank and file wish to do right, it is due them that their leaders make right practical and possible, and at once take steps to relieve them of the odium now resting on the term, regular ethics.

HOT VERSUS COLD WATER.

There is no doubt but that the use of water, both cold and hot, has been neglected as a therapeutical agent. It is also true that many unpleasant complications in disease have been brought about through the injudicious application of water. This has been particularly noticeable during the last few years in the treatment of various forms of fever, and typhoid fever in particular, in which, though the mortality has been reduced in the practice of those who employed the bath treatment, yet dangers have been invited by the use of the cold water that might otherwise have been averted. We repeat that the mortality has been reduced, but in our opinion this reduction is due less to the action of the bath than to the non use of depressing medicines, for it has been in that branch of the profession that powerful medicines have been employed in the reduction of temperature, and with such fatal results. It is not surprising, therefore, that even the old bath treatment, with its possible attendant dangers, has produced lowered mortality in this formidable (to many) disease.

Cold water has been advised largely since the time of Priesnitz, Currier and others in the treatment of disease, and very often with great benefit, but the recent treatment by means of the cold baths (all of which are modifications of Brand's method) have been so carelessly carried out that many deaths have been the result, especially where it has hastened peritonitis and intestinal perforation. What we desire to call attention to is the use of hot water in preference to cold water. We believe it is a common mistake shared by many physicians that high temperature requires the exhibition of ice or ice cold water. Temperature can best be reduced by increasing the evaporation from the surface, and the shock produced by the application of cold is not always followed by re-action. When re-action does not take place then some internal organ must suffer. Fatal congestions, hemorrhages, inflammations, etc., have been induced simply because re action did not take place. The lives of two estimable women known to us were quickly extinguished by immersion in the cold during puerperal fever. It is a pleasure to record that Eclectics generally have not, judging by their published statements, been advocates of, or even partial to the use of repeated cold baths in typhoid fever.

Our experience has been that temperature can be best and most safely and gradually reduced by means of hot water. In some cases tepid water answers. Immersion is not required, for evaporation of the surface can not so readily take place in the bath as in the open air. For the reduction of temperature in children's diseases, particularly in brain and cerebro-spinal febrile affections, our method is to have the patient frequently sponged with water as warm as can be borne, and the parts gently fanned. In sponging the body the fanning is omitted. By this method no possible harm from shock, failure of re-action, internal congestions, etc., can ensue, and great comfort is ex-

perienced by the patient. A restless patient, nearly exhausted by loss of rest, will drop gently to sleep and awaken refreshed from this simple application of warm water. We have known of an instance in which one suffering from an injury and the added effects of such powerful agents as morphine and paraldehyde, and in whom it was almost impossible to allay the furious delirium and produce sleep—to fall asleep and remain asleep for several hours through the simple application of the hot water pack. Hot water stupes in painful abdominal affections have many times relieved in our hands when opiates or other powerful pain-relieving drugs would ordinarily have been prescribed. This is particularly true in painful menstrual troubles.

The heat of summer is upon us, and even thus early have reports been made of sunstroke and heat exhaustion. If ever any accidents were more faultily treated ordinarily than these we should be glad to have them pointed out. We believe the custom of applying ice, and iced applications generally, is little short of criminal in many instances. When one reflects how much better the result of hot sponging to the head and spinal column is than the application of cold it is a little surprising that physicians will persist in the latter method. This is due perhaps to the apparent quick results at first sometimes observed, but the after consequences are often fatal, while no ill effects can be thus attributed to the use of hot water. We do not wish to be understood from the tone of this article that we are opposed to the *judicious* use of cold water, but in the conditions mentioned we vastly prefer hot water, and for the reasons stated.

H. W. F.

HELONIAS DIOICA.—False Unicorn.

This is an old Eclectic remedy. It has suffered some in reputation because many of the preparations on the market are made from a mixture of roots, aletris being the most common substitute. Only a reliable preparation should be used.

Helonias is a remedy peculiarly adapted to women. It is specially indicated in cases in which there is mental irritability and depression. The woman complains of a fullness or heaviness and congestion in the pelvis. She frequently says "she feels as if everything will drop out." There are lumbar pains, restlessness and general weakness. Prof. Scudder said that in the helonias case there was a pinkish color to the surface. This we have not always been able to verify, though we have used helonias frequently and with great satisfaction to ourselves as well as to the patient.

The chief action, as we have said, of helonias is to tone up the female reproductive organs. It improves both their function and nutrition. It helps overcome excessive fatigue, and is the remedy for "that tired feeling" of which the doctor hears so frequently; that pain in the back, and down the thighs and back of the legs. It strengthens the uterus and thereby prevents miscarriage, and overcomes the tendency

to abort. It relieves many cases of dysmenorrhea, especially when the flow is accompanied by a "bearing down" pain, etc. Helonias is an excellent remedy in many cases of leucorrhea, of amenorrhea, and of chlorosis. It sometimes will relieve the nausea and vomiting of pregnancy when all other remedies fail.

Besides being a tonic, helonias has a decided diuretic action, and is an efficient remedy for stranguy, jaundice and in many cases of nephritis, both acute and chronic, especially when the patient is despondent and given to melancholy.

Helonias, through its general tonic effects, is recommended in anorexia and dyspepsia of the atonic type. It is said to be an efficient remedy in some cases of rheumatism. But for these last uses we have so many superior remedies that we suggest helonias be studied only in its relation to and effect upon the reproductive organs of the female.

The specific medicine helonias has a peculiar honey-like odor and a free precipitation of resin takes place when it is added to water. The dose is a teaspoonful every one to three hours, of a mixture of ten to thirty drops of the specific medicine in four fluid ounces of water. Helonias is an old remedy but a good one. Report your uses of it and experience to the JOURNAL.

MALARIAL NEURALGIA.

Malarial neuralgia manifests itself in a variety of forms. In several cases seen recently periodicity was about the only symptom common to all. In a majority of cases the pain began at an early hour in the morning and continued until evening, whether daily, tertian, or quotidian.

"Sun pain" was the name given to this affection by some of those afflicted, because the neuralgia commenced with the rising sun, increased in severity as the sun reached meridian height, and ceased at sundown. In two cases, however, the pain began at sundown and persisted until morning—"moon-pain." The intervals of ease grew shorter as the disease progressed, and, when not treated, occasionally passed into a continuous form.

The seat of pain differed, but was generally orbital or frontal, rarely occipital. One case affected the inferior maxillary, another was pleuritic, another implicated the left leg: abdominal distress characterized one case, dementia or delirium marked another, the patient raving and becoming almost uncontrollable every afternoon, but complained of no pain.

There was no structural lesion in these cases, no difficulty in treatment; all were undoubtedly malarial and all yielded to quinine. Sometimes an emetic or a brisk cathartic was required before the full action of the antiperiodic could be secured. In anæmic patients recovery was more rapid when iron was administered. Howe's acid sol. or the prussiate in combination with quinine. Having determined

the hour at which the neuralgia usually appeared, fifteen grains of quinine, divided into three doses of five grains each, were administered, beginning four hours before the expected attack and giving one dose every two hours until the fifteen grains were taken. One such course of treatment was sometimes sufficient to arrest the neuralgia, but mostly two or three repetitions, on the days of expected pain, were necessary. After pain had ceased to appear the quinine was continued four or five days in three-grain doses before meals, then twice daily for eight or ten days, finally three grains daily for a week. Relapses were thus prevented. The inter paroxysmal treatment was wholly palliative, and although indications for such remedies as gelsemium, bryonia, rhua, etc., were often marked, these remedies did not relieve the agonizingly painful periods as rapidly as the inhalations of a few drops of chloroform or the administration of codea or of antikamnia or their combination.

L. W.

FORMALDEHYDE.

In a recent issue of the JOURNAL I had something to say in regard to formaldehyde as an antiseptic in the treatment of contaminated wounds. However, after a more extended use of this remedy, I am quite satisfied that while it possesses all the antiseptic properties that I gave it credit, it is also a remedy that will require more care in the use of open wounds or in the cavities than that which I had formerly been led to believe in former experience. To illustrate, I have been treating a carcinoma of the recurring form, following a breast excision, and I used the pure formaldehyde hypodermically to check all the infiltration of the carcinoma into the cutaneous and subcutaneous tissue. I found that by this method of treating the lesion it produced mummification of the skin and an escharotic condition of considerable importance. I therefore instructed the nurse to moisten pieces of gauze with the full strength formaldehyde and apply it to the skin tissue over the region of the carcinoma. I found that, by the confinement of this gas by the gauze coverings, it produced an anesthesia of the skin, and the formaldehyde infected the subcutaneous tissue to the depth of one-fourth inch, making necrotic and completely mummifying the tissue beneath the moistened piece of gauze.

I shall, therefore, have to correct the impression that I first formed of this new remedy in the treatment of pus cavities and contaminated wounds; that is to say, it must be used greatly diluted from that which I first suggested by way of experiment in the use of this new remedy for new conditions. I believe now that we have the ideal remedy to assail carcinomatous tissue where it would seem impossible to use the knife, or in those cases where the patient would not submit to more heroic treatment. I can readily see where this new remedy would be one of our best known in the use of carcinoma uteri, in those conditions where the discharge had become so offensive and where the in-

vasion of the carcinoma had become so extensive that only palliative means could be resorted to.

I believe that we have in this remedy one greatly to be desired, and that in the use of this remedy in those wounds of little contamination, it should be used in the proportion of, say 1 to 20 or 50: and in those conditions where there seems to be a pyogenic membrane, it could be used in the proportion of 1 to 5 or 10. I do not know at this time just what results we should attain in the use of this remedy if it be applied to diseased tissue and not protected by gauze, but allowed to evaporate. I am of the opinion that it could not even act as an escharotic; but if used with the gauze, covering the tissue and excluding the chances of evaporation, I believe it far excels any cancer plaster or escharotic ever presented to the profession, inasmuch as it anæsthetizes the tissue, stops almost instantly on its application the offensive odor, and penetrates deeply and speedily into the tissues exposed to its influence as above described.

For irrigations and dressings with formaldehyde, I believe that the proper strength would be one ounce of the commercial strength to 1,000 of distilled water. Where the wound is infected, it can be increased to five volumes to 1,000 volumes of water.

It is a new remedy and must be carefully experimented with until we are able to arrive at definite conclusions as to its better use.

L. E. R.

ARALIA HISPIDA.—Dwarf Elder.

This is an active remedy and worthy of close attention. Its chief action is as a diuretic, and in this line it is, in certain cases, the equal of apocynum and some other noted hydragogues. When given in too large doses it is emeto cathartic. It is also said to have some alterative properties. We doubt whether it is any more alterative than is any remedy that rights some of the wrongs of the body, allowing the body to do its own house cleaning and repairs.

Dwarf elder is a remedy usually in chronic disease. It is an excellent agent when dropsy of the cavities of the bodies is present. It will carry away an immense amount of water, both through the urinary apparatus and by overcoming any torpor of the bowels that may be present, relieving the body of a great amount of fluid through this channel. It may be aided materially by simultaneous administration of cream of tartar.

Dwarf elder is a most excellent remedy in many cases of irritation of the urinary apparatus. Though an active diuretic, unlike some other remedies, it relieves, instead of producing, irritation of the urinary tract. This adds much to its value as a medicament. It is a remedy for suppression of urine; for this use it is the equal, if not the superior, of santonine. It may be given to children as well as adults. Dwarf elder has been recommended as a remedy for scrofula and

syphilis. In our opinion it is of little avail beyond its diuretic effect, as set forth above. Two drachms of the specific medicine are to be added to four fluid ounces of water. Of this mixture the dose is a teaspoonful every one to three hours. The infusion of the fresh shrub is the equal of alcoholic preparations generally. Cream of tartar or any other diuretic may be used in combination or alternation with *aralia hispida*.

W. E. B.

SOCIETY AFFILIATIONS.

Some men are thoughtlessly selfish, others carelessly selfish, others selfish by inheritance. In this paper we shall read a lesson to the thoughtlessly selfish physician. He who graduates from a school of medicine, who opens up his office, who thrives by reason of the instruction he received therein, and then is so thoughtless as not to record his name in the membership of their societies. This is usually through thoughtlessness. But the time is probably fast coming when to be a reputable physician will mean to be in good standing in such organizations. Even now it is somewhat of a stigma not to belong to one's State medical and our National society. Before this decade is past, it will probably be true that society membership will entitle men to positions they cannot obtain otherwise.

In view of the fact that many men are excluded, while others are expelled from their representative societies for personal reasons, that render their company undesirable, not to belong to a State society is even now a reflection in some directions. As an example, a well informed, capable physician, recently applied for a lucrative vacant position as examiner for a conspicuous life insurance company. His home reputation was properly certified to by men locally well known, his professional capacity was established. There was no question in these directions by the company, but he was asked to cite the medical society to which he belonged. "I have not united with any society," he replied. "We do not care to appoint a man who is not backed by his State Society," was the answer. And the office (a fine one at that) went to another physician, who did have creditable membership in his State Society.

"THAT TIRED FEELING."

"That tired feeling," which makes one's life so miserable, is one of the most common complaints that falls upon the ears of the doctor. So often does he hear this expression, that the same tired feeling is at last felt by the doctor himself, and he sighs for a rest from the many complaints of a suffering public. Coupled with the oft repeated saying is the equally oft-repeated question, "Can't you give me a tonic?" and too often the physician, tired and discouraged himself, readily consents, as the easiest and quickest way to dispose of his patient; he goes to his case, and puts up his favorite tonic. It may be iron, compound tonic mixture, Worthington's tonic, nux and hydrastis, or one

he has specially compounded to meet the many symptoms for which tonics are generally prescribed. It is this loose way of prescribing that is to be condemned.

What does this "tired feeling" express to us? It may mean very much, or it may be quite insignificant. We all agree that every disease has a language that is to be interpreted if we are to correctly understand its wrongs. Back of the tired feelings are other symptoms which will help us read correctly the former. If our patient has a chronic nephritis he will have a tired feeling, and in addition there will be pain or aching in the loins, urine scanty, general dullness, and as tired on rising as when going to bed. The skin will be tawny in color, and inelastic. There will be puffiness under the eyes, and such a patient will need something more than a tonic.

The patient may be a tired woman whose reproductive apparatus is overtaxed. Rapid child bearing causes a tired feeling that tonics fail to overcome. Too much husband can never be relieved by that kind of medication. A prolonged visit of either husband or wife will benefit the patient. Then an endo-metritis or an ovaritis will give rise to this old complaint, as will a chronic leucorrhea. Then we meet with the possessor of *malaria*; of course he will have a "tired feeling." The neurasthenic is almost sure to possess, as well as the chronic dyspeptic, "a tired feeling."

We need to carefully study the cause of this feeling, if relief is to follow our treatment. The "tonic" treatment is the easier way, but certainly not the rational or successful way.

R. L. T.

UPHOLD THE STANDARD.

To the physicians who so far forget themselves as to ask the E. M. Institute to lower its standard, either by slighting the course of instruction, shortening the term, or decreasing the number of terms, we say, we think too much of our graduates, our school and of ourselves, to do so. We are willing to consider raising the standard of medical education, but shall not lower it.

The college that slights its students is preparing trouble for its graduates and itself, and we believe that none will regret evading their duty more than will the three term colleges that even now have lost their standing in many directions and in many States. Do not go to the trouble to ask a college to pass any man who does not conform to our rules, which are those that govern all first class colleges of medicine, unless you want your student to go out hampered at the start, wondering where he will find a State that will permit him to practice, discredited at his entrance into medicine. Do not ask the college to lower its standing in order to wrong your student, not to serve him. Whoever carries home a diploma from the Eclectic Medical Institute must earn it; whoever earns his diploma need have no fear of any requirement that may be made in any State.

BOOK NOTICES.

THE TWENTIETH CENTURY PRACTICE: An International Encyclopedia of Modern Medical Practice, by leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York. In twenty volumes. Volume XIV: Infectious Diseases. New York: Wm. Wood & Co. Cloth, \$5.00.

Vol. XIV, as the preceding volume, is devoted to the infectious diseases. The more common diseases of children, such as scarlet fever, measles, whooping cough, cholera infantum, etc., which have been the means heretofore of such great mortality among children, make this volume of special interest.

Dr. F. Forchheimer, of Cincinnati, treats scarlet fever and German measles. In treating scarlet fever, he carefully reviews its history, gives its geographical distribution, which in turn is followed by its etiology, pathology, symptoms and complications, sequelæ, diagnosis, prognosis and treatment.

Dr. Dawson Williams, of London, furnishes an article on measles, showing careful preparation of the subject. The various complications are carefully studied, which makes it valuable for reference.

An article of great interest is by A. Jacobi, M. D., of New York, on cholera infantum. The diet of the baby is dwelt upon at great length, and if the instructions given are fully and religiously carried out, the mortality from this scourge of babies will largely disappear. This one article is worth more than the price of the volume.

Following this is quite an exhaustive article of one hundred and seventy pages on Asiatic cholera, by Dr. Thodor Rumpf, of Hamburg. This scourge of the orient, that found its way to our western shores during the present century, devastating the cities in which it found a resting place, is treated with a minuteness that makes it an excellent encyclopedic article. The latest treatment is given, and what is known of this disease will be found in this article.

Joseph O'Dwyer, M. D., and Nathaniel Read Morton, M. D., of
VOL. LVIII—34

New York, consider whooping cough in its various aspects. Dillon Brown, M. D., of New York, looks after chicken-pox. The articles of Sir Joseph Fayrer, M. D., of London, on dengue, A. A. de Azeredo Sodre, M. D., of Rio de Janeiro, on beribori, A. Welter, M. D., of Paris, on miliary fever, bear out the reputation these men have attained as writers on medicine.

R. L. T.

ATLAS OF LEGAL MEDICINE. By Dr. E. Von Hofmann, Professor of Legal Medicine and Director of the Medico-Legal Institute at Vienna. Authorized translation from the German. Edited by Frederick Peterson, M. D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York. 56 plates in colors and 193 illustrations in black. W. B. Saunders, Philadelphia. Price \$3.50.

The author, in the production of this little hand atlas on legal medicine, has made a valuable contribution to forensic medicine, covering much of the literature which has only been incidentally touched upon by other authors in forensic medicine.

It is not my intention in the review of this work to classify it with Casper's Forensic Medicine, which has stood the tests of time, and has proven of great value in medico-legal investigation. I shall therefore classify this production on Medical Jurisprudence with Wharton and Stella, or Legal Medicine by Tidy, etc. The little hand book on Forensic Medicine exhibits evidence of much care and attention in detail to some of the more perplexing questions that must be settled in medico-legal investigations. I shall commend this work as worthy of a place in any library.

L. E. R.

ATLAS AND ABSTRACT OF THE DISEASES OF THE LARYNX. By Dr. L. Grunwald, of Munich. Edited by Charles P. Grayson, M. D., of Philadelphia. Published by W. B. Saunders, Phila. \$2.50 net.

The anatomy and physiology of the larynx is clearly and concisely given. The directions for examinations are explicit without useless verbiage. In fact the entire work is an example of conciseness that might well be followed by many writers. Under the heading, "General remarks on the causes and treatment of diseases of the larynx," the author says: "Painting the throat and gargling will not cure a diseased larynx, but suitable general treatment, even without local applications, may accomplish a good deal, and it is the latter that is too often neglected." * * Local treatment is indicated: *first*, in the comparatively rare primary diseases of the larynx; *second*, whenever mechanical alterations require mechanical interference."

Inhalations are considered worthless. In diphtheria the "Loeffler bacillus" is recognized, but reference is made to "individual dispositions" and "predisposing causes." General treatment is insisted upon though antitoxin is considered of prime importance. "*Caustics are absolutely contra-indicated.*"

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The treatment of diseases is only outlined, as one would expect in an atlas. The operations described in the text are such as should, in the majority of cases, only be attempted by one conversant with the work, and should not be attempted by the physician who has paid no attention to this class of work. Diseases of the larynx have been woefully neglected and the need of a handy volume like this has been a long felt want.

The figures, of which 107 are colored, are conveniently arranged for comparison of conditions similar in appearance, but of different diseases. It is a book that should be in the hands of the general practitioner, by its help he will be enabled to often save his patients a vast amount of suffering, and frequently life itself, by an early diagnosis of the trouble, and if he does not feel competent to handle the case himself he can refer the case early enough so important structures can be saved. The execution of the figures is fine, and it is unnecessary to say that the press-work is first class in every respect.

K. O. F.

AN AMERICAN TEXT-BOOK of Genito-Urinary Diseases, Syphilis and Diseases of the Skin. Edited by L. Bolton Bangs, M. D., and W. A. Hardaway, M. D. 300 Engravings and 20 full-page colored plates. Philadelphia: W. B. Saunders. Imperial octavo; 1229 pages, cloth, \$7.00. Subscription only.

The medical profession has been placed under very great obligations to Mr. Saunders. The American Text-book line of publications has never been equaled in any country. They are the acme of the book-makers art both as to subject matter and physical construction.

The volume before us adds lustre to the line. It is the combined product of forty-eight well known authorities—each a star in his specialty. It is a comprehensive and detailed presentation of the diseases of the genito-urinary organs; of venereal diseases and of diseases of the skin. It is a modern one volume treatise covering the same ground that is usually covered by three or four costly volumes. It is thoroughly up-to-date, containing all that is latest and best, and every physician should possess it. This one volume covers a field that includes a very large per cent. of the diseases found in a general practice. No specialist will be without it.

The first part of the work deals with the urine in surgical diseases of the urinary tract; then come diseases of the penis, urethra, testicles and their covering, and the cord, the seminal vesicles, the prostate, the bladder, vesical calculus, ureter, surgical and functional diseases of the kidney; acquired syphilis, syphilis of bones, joints, bursæ, tendons and muscles; syphilis of the respiratory, circulatory, lymphatic and alimentary systems—of the nervous system—of the eye—hereditary syphilis; treatment of syphilis, chancroids, etc., etc.

The second part of the work deals with diseases of the skin—both general and special—Hebra's classification being used. Last comes

a classical dissertation upon animal parasitic diseases of the skin. For all of this part of the work there can be only praise. Handsome cuts, in black and in colors, are profuse—showing that cost was not considered in the production of the book.

A careful and judicious condensation has enabled the authors to cover an extremely large range of subject, and at the same time increase the value of the book to the user by rendering the matter practical and accessible as well as modern and authoritative. In short, the book is thorough, accurate, modern, authoritative, practical, and convenient, and just the work for the physician. We especially recommend it to the young physician whose library is short in these lines, and to the old physician whose books are behind the times. With this book, costing seven or eight dollars, a man has practically an up-to-date library on these subjects costing ordinarily many times that amount. Economize anywhere else, but not on your medicines, your books, or your clothes.

W. E. B.

SUGGESTIONS IN THE CURE OF DISEASES AND CORRECTION OF VICES. By Dr. Geo. C. Pitzer. 16mo. 65 pages, cloth. Price \$1.00, prepaid. Published by the Author at 3955 West Bell Place, St. Louis, Mo.

Prof. Pitzer will be remembered by our readers of ten to twenty years ago, when he was editor of the *American Medical Journal*, now published by Prof. Younkin. For a number of years he was professor of practice in the American Medical College, but retired from the position, and in 1897 he again began lecturing in that College. In addition he is Principal of the St. Louis School of Suggestive Therapeutics and Medical Electricity.

This book purports to furnish the reader with a complete exposition of the principles and practice of Suggestive Therapeutics. It presumes to tell how to relieve pain and cure diseases and correct vices by means of mental influences (suggestion), how to protect oneself from diseases, and help oneself if sick. It gives an explanation of the so-called Christian Science, Divine Science, Mental Science and Faith Cures. It is said to give a strong defense on Hypnotism.

Were a very small portion of these theories true, there would be very little use for doctors who give medicine. While there are many good ideas in the book, still we cannot indorse it altogether, as our ideas have never run in this direction. A further resume of the contents of this book will be found among our advertising pages.

SCHENK'S THEORY—THE DETERMINATION OF SEX.

As announced by an Associated Press dispatch from Vienna several days ago, the Werner Company has secured the copyright privileges of Prof. Schenk's book on the Determination of Sex both in the United States and England. The work has been vigorously pushed, and is now ready for distribution. Dr. Leopold Schenk, the author, is a Professor at the Imperial and Royal University and Director of

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Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

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The book is a 12mo., bound in artistic cloth and on good paper. *The Gleaner*, 1526 Elm St., Cincinnati, O., is the only medical journal in Ohio having the work for sale. Price, \$1.50, prepaid. W. E. B.

THE ANNUAL OF ECLECTIC MEDICINE AND SURGERY. Vol. VII, record of 1896. Edited and published by Dr. J. V. Stevens, Chicago, Ills. 8vo, cloth, \$3.20.

This is the seventh volume of a series inaugurated originally by Prof. Ellingwood, he having published volumes one and two, and Prof. Stevens since publishing the remaining five volumes. According to the title page, it is represented as being a yearly record of the "observations, investigations, and experiences of the Eclectic physicians of America, as reported in their papers presented at the annual meetings of the State Societies, with a condensed report of the proceedings of these societies."

The present record is for 1896, and should have been issued about November of that year, and we consider it is a serious error issuing it eighteen months after date. The present volume contains 552 pages. It includes the proceedings and papers of the following societies, viz: California, Illinois, Indiana, Kansas, Iowa, Nebraska, Tennessee and Wisconsin. It is fairly well illustrated with a number of photo-engravings of the various officers.

Among the criticisms we offered on the volume a year ago, was that of admitting to its pages several papers from alleged foreign Eclectics. We again notice papers from a so-called Eclectic of Scotland, who is said to be an honorary member of the Kansas society, and whose papers are printed in the proceedings from Kansas.

The price at which the Annual is now published precludes a large sale. If it were issued promptly at the end of each current year, and could be sold at the original price, \$2.00 per volume, and if it contained possibly fewer papers from each society, and had a representation from more of the Eclectic societies, we believe it would be of more

advantage to every one, and more nearly represent the progress of the Eclectic school, than it can possibly do under the present arrangement.

TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. Volume XVII. Edited by Dr. Geo. W. Boskowitz, No. 40, East 41st Street, New York city, and published for the Society.

The present volume contains 264 pages and is the most presentable of any volume of Transactions published by any of our State Societies, and compares favorably with the National Transactions. It contains the officers for 1897 and 1898, constitutions, by-laws, minutes of the 1897 meeting, necrology report, twenty-nine articles of more than usual merit, president's address, and different addresses delivered before the Specific Medication Club of New York City and the New York College.

TREATMENT OF DISEASE WITH THE TWELVE TISSUE REMEDIES, being a Treatise on Biochemistry. By Wm. Boericke, M. D., New York.

Dr. Boericke briefly elaborates his view of disease, and explains why the tissue remedies should prove curative. The theory, while an ingenious one, is not altogether new, and if correct, the treatment must be rational. That there is much in the tissue remedies can be readily proven by a careful use of the same; but to say the twelve tissue salts will prove curative in all curable cases, and that other remedies that may be used prove curative only so far as they contain the tissue elements, hence tissue salts, is more than we are able to admit. After naming the twelve tissue remedies, he names a list of diseases, with the symptoms calling for the use of the special salt needed. Those desiring to test the remedies will find this a convenient little book for a companion.

R. L. T.

SPECIAL NAVY SUPPLEMENT.

The subject of our Navy is one which is all-engrossing at the present time, and the desire for accurate and reliable information concerning our vessels has induced the *Scientific American* to publish a Special Navy Supplement of 40 pages, with 90 illustrations. Every effort has been made to explain what the Navy is. Comparisons have been drawn, not only between the various types of vessels, but also between different vessels of the same class. The descriptions are couched in untechnical language, and after a careful reading of this number any one can discuss the merits of the various vessels very much as he would talk of the good and bad points of a horse. The clear diagrams showing the difference between these modern fighting machines render analyses of this kind easy. It is beautifully illustrated by half-tone engravings and woodcuts, showing not only the naval vessels themselves, but guns, gun turrets, conning towers, steering apparatus, etc. This number has a colored cover and colored map of Cuba. Price, 25 cents. Munn & Company, 361 Broadway, New York, are the publishers.



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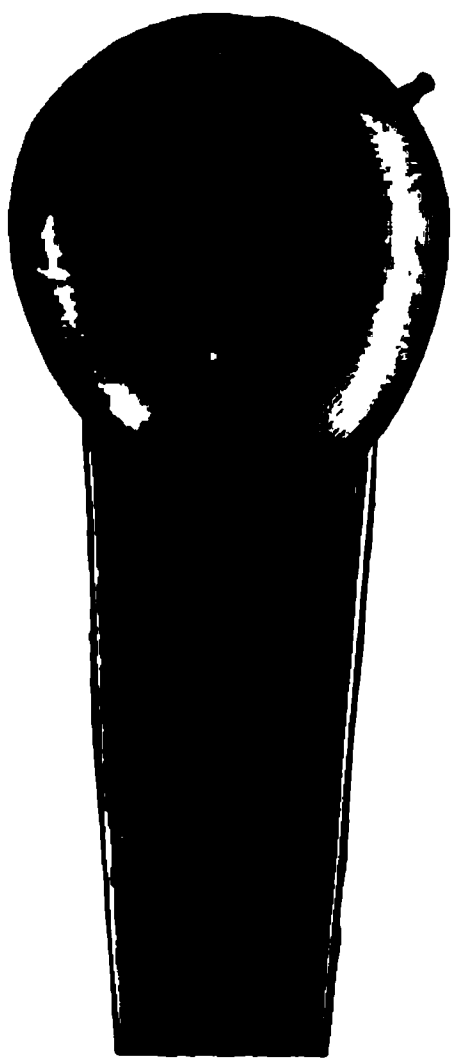
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HAND-BOOK ON THE DISEASES OF THE HEART, and their Homœopathic Treatment. By Thomas C. Duncan, M.D., Ph.D., LL.D. Halsey Bros., Publishers, Chicago.

I think I am safe in saying that, of all the diseases the physician is called to treat, those of the heart are the least understood by the average practitioner. In this little work of 100 pages, the busy practitioner finds just what he needs. After giving a clinical outline on the physical signs of heart diseases, functional and structural, inflammatory and valvular, and a list of remedies, he then gives a list of 95 review questions, which fixes firmly in the mind facts that every physician ought to know. The various lesions are clearly and concisely stated, and the reader closes the book feeling that in this little work he has "multum in parvo."

R. L. T.

LIPPINCOTT'S MAGAZINE, monthly. 25 cts. per copy, \$3.00 per annum. J. B. Lippincott Co., Philadelphia, Penn.

The June issue contains a complete novel, "Mere Folly," of somewhat unusual length for the Magazine, and of a high order of merit. Its well-known author, Maria Louise Pool, has done nothing better, either in story telling or character drawing. The two heroines are strongly contrasted, and the hero's vacillations between them make most of the plot. In addition there are always a number of short stories and poems, making a very interesting volume for summer reading.

THE SOUTHWESTERN PROGRESSIVE MEDICAL JOURNAL.

We are in receipt of No. 2 of the new Eclectic journal now being published by Franklin L. Leister, M. D., at Rogers, Ark. It is a forty page journal, and this issue contains several original articles much above the average, and we wish the journal every success. We understand that it is the successor of the Arkansas Eclectic Medical Journal, founded in March, 1893, by Dr. W. L. Leister and afterwards transferred to Hillsboro, Texas, where it was issued for a few months. The new journal will make good any subscriptions or promises not fulfilled by the Texas publisher. Subscription price \$1.00 per year.

THE Charles Roome Parmele Co., of New York, has recently issued an interesting pamphlet descriptive of the clinical experience of reputable men in the profession who have used Arsenauo and Mercuro. That these products possess merit is evident by the results obtained by those who have used them. These clinical reports have all appeared in medical journals, and are here compiled for the benefit of physicians interested in the products of this reliable house. Any physician may obtain a copy by writing to the firm.

COLLEGE AND SOCIETY NOTICES.

ANNUAL MEETING OF THE CALIFORNIA ECLECTIC MEDICAL SOCIETY.—The twenty-fifth annual meeting of our State Society convened in the Senate Chamber of the State Capital, in the city of Sacramento, May 24, 25, and 26. Owing to the fact that the time and place of meeting had just been changed, the attendance was much smaller than usual.

The Mayor of the city made the address of welcome, which was responded to by J. W. Hamilton, M. D. The President, John Fearn, M. D., delivered the annual address, after which the society settled down to the reading and discussion of papers, etc., and it is safe to say, that never since the society was established were more able papers presented.

At the conclusion of the business on Thursday, the annual election took place. It was decided that the twenty-sixth anniversary should be held in San Francisco, May, 1899.

The officers for the ensuing year are: President, C. Mealand, M. D.; 1st Vice President, H. T. Webster, M. D.; 2d Vice President, Dr. Coutere; Corresponding Secretary, B. Stetson, M. D.; Recording Secretary, C. M. Troppman, M. D.; Treasurer, H. W. Hunsaker, M. D.

On Thursday morning, under the guidance of H. G. Watrons, quite a number of the doctors visited the workshops of the Southern Pacific Railway Co., which are situated in Sacramento. It was a wonderful treat to those who went. There are 3,500 men employed, and the payroll runs over \$250,000 per month. This is a mighty factor in Sacramento success. Eclecticism is gaining in this State. FEARN.

ANNUAL MEETING OF THE MAINE ECLECTIC MEDICAL SOCIETY.—The Maine Eclectic Medical Society held its thirty-third annual meeting at the Preble House, in Portland, on Tuesday and Wednesday, May 24 and 25, 1898. The attendance was good, though not as large as it would have been with favorable weather. Among the delegates and visitors from other State societies may be mentioned Dr. Stephen B. Munn, of Waterbury, Conn.; Dr. Herschel N. Waite, of Johnson, Vt.; Dr. Henry J. Potter, Sr., of Bennington, Vt.; Dr. Thomas A. Bland, of Boston, and Dr. Frederick Wallace Abbott, of Taunton, Mass. Dr. John M. Boothby, Surgeon to the Lowelltown Lumber Co., was also in attendance a part of the time, and was unanimously elected a member of the Society.

Addresses were made by Drs. Bland and Munn, and an unusually large amount of business transacted. Four new members were added during the session, and much earnestness and enthusiasm were manifested by all.

The reading of papers prepared for this meeting was deferred until the assembling of the New England Eclectic Medical Association, which met at the same place on Wednesday, the 25th of May, when they were read in joint meeting.

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REV. JOHN H. ELY, Regent.

Dr. Henry Reny, the retiring President, who has been very popular with the members of the Society, was succeeded by Dr. Josiah Lister Wright, of Durham. The other officers are: Vice President, George A. Weeks, Richmond; Recording Secretary, Henry Reny, Biddeford; Corresponding Secretary, William Collins Hatch, New Sharon; Treasurer, Theophilus J. Batchelder, Machias; Librarian, Emma F. Marble, Gardiner. Councillors: Algernon Fossett, Portland; William C. Hatch, New Sharon; Henry Reny, Biddeford.

Both the semi-annual and annual meetings for the ensuing year will be held at the Preble House in Portland—the former on Wednesday, Dec. 14, 1898; the latter on Wednesday and Thursday, May 24 and 25, 1899.

WILLIAM COLLINS HATCH, Cor. Sec'y.

“THE NATIONAL.”—The 28th annual meeting of the National Eclectic Medical Association was held at Omaha, Neb., June 21, 22, and 23. The meeting was opened Tuesday, at 10 A. M. by President Farnum in Creighton Hall. Prayer was offered by Rev. John McQuoid.

Owing to the detention of Governor Holcomb, the Mayor of Omaha, Mr. Moores, welcomed the Association.

In the absence of Dr. Bloyer, who was detained by the death of his brother, Dr. R. L. Thomas, of Cincinnati, responded to the welcome of Mayor Moores.

The entire list of officers responded to the roll-call. The President appointed the usual committees, and proceeded with the hearing of reports from the officers of special committees.

Section I—Materia Medica.—Dr. Curryer presided; Dr. A. W. Smith, Secretary. Papers were read by Drs. Smith, Curryer, McClanahan, and Mundy, and others were submitted by title from Drs. Bloyer, Fearn, Felter, Fyfe, and Hill.

AFTERNOON SESSION.—*Section II—Practice of Medicine.*—Prof. Thomas presided; Prof. Latta, Secretary. Papers were read by Drs. Thomas, Latta, and Ellingwood, several others being submitted by title. This section elicited considerable discussion.

Section III—Surgery.—Dr. Boskowitz presiding. Papers read by Drs. Boskowitz, Carriker, Robertson, Younkin, Russell, Rodermund, Williams, Standlee, and Hillis; several others submitted papers by title.

Tuesday evening a reception was held in the Parlors of Hotel Milard, and at 10 P. M. 107 sat down to a banquet.

WEDNESDAY SESSION, 9 A. M.—Committee on credentials reported. The Treasurer's report showed that on June 1st there was \$45.53 on hand, and all current bills paid, including the printing of Transactions—nothing owing except the \$400 due ex-secretary Wilder.

The standing resolution requesting that each auxiliary society pay \$10 per annum was rescinded, and a by-law to the constitution was adopted requesting each auxiliary society to pay a per capita tax of ten cents per member. The committee on credentials recommended

that *all* the State societies be enrolled as auxiliary societies, which had heretofore sent delegates. Adopted.

Amendment to the by-laws reducing the annual dues from five to three dollars, and the initiation fee and first year's dues from seven to five dollars, were introduced and laid over for action in 1899, as provided for in the constitution.

Section IV, Surgical Gynæcology, and *Section V*, Medical Gynæcology, were rapidly gone over, few papers being read, but considerable discussion was evolved.

In the afternoon the National Confederation of Eclectic Medical Colleges held their annual session. Routine business was transacted, and the most important feature consisted in ratifying the resolution regarding the minimum requirements. Hereafter every college *must* require not less than four annual sessions of six months each, in four different college years. This may result in the enforced dropping of one college from the list, but it is hoped not. The general convention adjourned until Thursday morning to visit the Trans Mississippi Exposition.

THURSDAY MORNING.—Drs. Smart and Manion read interesting papers in *Section VI*, on Pediatrics, and Dr. McClanahan in the section on Ophthalmology.

The papers in *Section XI*, on Sanitary Science, were submitted by title. Chairman E. D. Wiley read a valuable paper in *Section VIII*, on Obstetrics. Dr. Miles, of Denver, read a valuable paper on Nervous Disorders of the Heart, in *Section IX*, and Dr. Ellingwood, on Therapeutic Classification, in *Section X*.

The result of the voting in the electoral college was as follows:—

President—David Williams, M. D., Columbus O.

1st Vice President—W. L. Marks, M. D., Grand Rapids, Mich.

2d Vice President—J. T. McClanahan, M. D., Boonville, Mo.

3d Vice President—J. A. McKlveen, M. D., Chariton, Iowa.

Recording Secretary—P. Edwin Howes, M. D., Boston, Mass.

Cor. Secretary—E. Lee Standlee, M. D., St. Louis, Mo.

Treasurer—W. T. Gemmill, M. D., Forest, O.

Next place of meeting, Detroit, Mich.

As usual, the arrangements made by the local committee conflicted somewhat with those made by the officers. The meeting in general was not as satisfactory as it should have been in many respects. The acoustic properties of the meeting hall were poor, and there were no arrangements for committee rooms, and some one allowed the rear of the hall to be used for exhibition purposes in direct violation of a standing resolution of the Association. This created much confusion. The hotel accommodations, while probably the best in Omaha at this time, were not good, owing to the Exposition crowds. This fact should teach us not to listen to the seductive arguments of men who seek our society for the purpose of helping boom an Exposition. The Exposition was an attractive side issue, and served to detract from the med-

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ical interests of the convention. The Omaha meeting might compare favorably with the one at Minnetonka last year, but was not as good as those held at either Portland or Waukesha. It is to be hoped that the officers for next year will profit by some of the errors in the general management concerning local arrangements.

The elegant vestibuled trains and dining-car service of the C., M. & St. P. R. R., to and from Chicago, proved quite a relief from the great heat and poor accommodations in Omaha.

The annual meeting of the Illinois State Eclectic Medical Society was held at Mt. Vernon, May 17 and 18. The attendance was hardly as good as usual, owing to the place of meeting. The Secretary writes us that the papers were extra good, and well discussed, and there was an unusual amount of enthusiasm. The Society was banqueted by the Ladies' Shakspeare Club on the evening of the first day. There was an unusual number of clinics at the meeting. The following officers were elected to serve for the ensuing year: President, Anson L. Clark, M. D., Elgin; 1st Vice President, Florence S. Manion, M. D., Mt. Vernon; 2d Vice President, John D. Robertson, M. D., Chicago; Recording Secretary, W. E. Kinnett, M. D., Yorkville; Corresponding Secretary, W. R. Schussler, M. D., Orland; Treasurer, Susan K. Whitford, M. D., Elgin.

The next meeting will be held May 17 and 18, 1899 at Springfield.,

The Thirty-eighth annual meeting of the Massachusetts Eclectic Medical Society was held at the Thorndyke, Boston, June 2nd. The usual good time was mapped out—essays, discussions, lunch, etc., the annual oration by P. S. W. Geddes, M. D. at 5 p. m., and the annual dinner at 6 p. m. Dr. Pitts Edwin Howes, of Station S, Boston, was the Anniversary Chairman. These meetings are always very enjoyable affairs.

The Wisconsin Eclectic Medical Society held its regular annual meeting May, 24-27 at Milwaukee. The following officers were elected to serve for the ensuing year: President, P. G. Hankwitz, M. D., Milwaukee; 1st Vice President, E. S. Hall, M. D., Milton Junction; 2nd Vice President, A. E. Winter, M. D., Tomah; Treasurer, J. F. Stillman, M. D., Kilbourne City; Recording Secretary, W. A. Pratt, M. D., Beaver Dam; Corresponding Secretary, M. Montgomery, M. D., Clutcn. The next meeting will be held at Madison, May 28, 29, and 30, 1899.

The Ohio Central Eclectic Medical Society will hold its next regular meeting in Columbus Thursday, July 14th. Dr. G. W. Deem will read a paper on Dysentery and Dr. W. P. Winter one on Cholera Morbus. The annual meeting and picnic of the society will be held the second Thursday in August.

The Chicago Eye, Ear, Nose, and Throat College is to be congratulated upon the honored position it now occupies as an educational factor in the post graduate field. It has outgrown its old quarters and moved into its new rooms June 1. Their present space is double that heretofore occupied. There is a wide field of usefulness before the college as it enables its students to do continuous work from 9 A.M. to 6 P.M. in the specialties indicated in its name.

The twelfth annual class for instruction in orificial surgery will convene in Chicago at 9 A. M., Monday, Sept. 5, 1898, and will continue to meet daily during the week, as usual. For particulars of this clinical course, address E. H. Pratt, M. D., 100 State St., Chicago.

PERSONALS.

Dr. B. F. Bennett, E. M. I. '81, is Treasurer of the U. S. Pension Board at Warnock, Ky. The *Journal* congratulates him.

Dr. J. A. Lovett, Bennett, '80, of Vickeryville, Mich., will be glad to direct a wide awake modern Eclectic (the right man) to a most excellent opening—a living from the start awaits the proper fellow. Address him with stamp.

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Members of the class of '98 E. M. I., are located as follows: J. J. Martin, Bucyrus, Ohio, Herbert & Larway (partners), Bellefontaine, O., Frank Knox, Claysville, Penn., O. M. Turner, Sumner, Ill., R. W. Emerson, Owensville, Ind., Gus McLeod, Brooksville, Miss., W. K. Smith, Wilmington, Ohio.

Dr. N. A. Graves, Secretary of the Bennett Medical College, is Examiner for the Germania Life Insurance Company. He writes that there is no discrimination against Eclectics in Chicago as far as he knows.

C. A. Holbrook, M. D., who attended the E. M. Institute in 1864-5, and afterwards graduated at the Bennett Medical College in 1878, is now Medical Examiner for the N. W. A. Insurance Co., U. S. Pension Surgeon, and Surgeon to the Butte County Hospital.

Dr. H. H. Blankmeyer, E. M. I. '88, of Portsmouth, O., is now Health Officer, or City Physician. We congratulate him and the people. We are sure that the results of his work will stand a most critical comparison with that of any of his predecessors. He will use modern Eclectic methods and remedies.

We enjoyed a pleasant call recently from Dr. G. W. Homsher of Camden, O. He is a practitioner with a practice.

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INSTRUMENTS.

Dr. C. B. Cline, E. M. I. '97, of Mansfield, Ill., where he is doing nicely, recently accompanied a patient to Cincinnati for operation. He looks well, and the patient did well.

Dr. Carroll Behymer, E. M. I. 1898, of Tusculum Ave., this city, was married June 8th to Miss Georgia Calhoun, also of this city. The JOURNAL congratulates and joins in well wishes.

Dr. A. P. Robertson continues in the even tenor of his way at Mt. Liberty, Knox County, O. He ably represents Eclecticism.

Dr. William Young, E. M. I. 1897, has recently located at McLean Ill., a bigger and better place, and is doing nicely. He was and is an excellent student.

Dr. S. B. Munn, Georgia E. M. College, 1877, of Waterbury, Conn., was recently elected president of the New England Eclectic Medical Society.

Dr. W. G. McKinney, E. M. I. 1881, is on the topmost rung of the ladder of fame as a physician at Holmes, Tenn. We congratulate him.

Drs. Leming, E. M. I. 1899, and Phipps, E. M. I., 1901, have enlisted in the hospital service of Uncle Sam, and are at present stationed at Ft. Thomas, Ky. We wish them God-speed.

Dr. E. L. Woodford, E. M. I., 1898, is happily located at Cairo, W. Va. He has our hearty hand-shake for success, and Dr. J. J. Sutter, E. M. I., 1898, is making a stand at Pandora, O. Good luck to them.

Dr. J. B. Simon, who attended the E. M. I. last year and year before, is doing business nicely at Alton, W. Va.

Dr. H. P. Feaster, of La Rue, O., will be pleased to help locate a good eclectic in an established business. Write him at once.

LOCATIONS.—The *Journal* has always been ready for the benefit of its subscribers to assist those wishing to find desirable locations. Physicians are cordially invited to co-operate with us in making this department of our "*Eclectic News*" complete, interesting and reliable. If a field becomes vacant, or a new one has a promising outlook, we will be pleased to receive the information, with such details as to population of town and immediate vicinity as are obtainable. Also whether the field is an old or a new one; if old, how long vacant, etc. Physicians locating in any of the places mentioned in this list should promptly advise the *Journal* to that effect, in order that the town may be taken from the list, thus preventing complications. Due care will be exercised in making the list reliable, and in cases where details are omitted they can almost always be obtained by writing to the postmaster of the town in question, inclosing, of course, an addressed and stamped envelope for reply. All general information coming properly under this head will be *published free*. Notices of practice "For Sale" or "Exchange," may appear in this department under the following conditions: Each insertion three cents per word. Remittance must accompany copy.

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Petersburg, Ill., a town of 2,500, and county seat of Menard Co., twenty miles from Springfield. This should be an excellent field for an Eclectic physician.

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READING NOTICES.

A SHEET ANCHOR.—On September 10th, 1897, a well-known New York physician of the Third Avenue Cable Railroad Company, returned to the New York office of the Norwich Pharmacal Company, ninety-four one pound empty Unguentine jars. In a letter accompanying the jars the doctor says: "The jars I return to you to day represent the number of pounds of unguentine I have used since December 1st last. I have from twelve to fifteen cases a day, motormen, conductors and stablemen suffering from slight wounds, abrasions, cuts, bruises and burns, and about the only treatment I make is to give them a small box of Unguentine. It is certainly my sheet anchor in practice, as in every instance it heals all the above cases quicker than anything I have ever used."

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The value of listerine in those digestive disorders of childhood, which lead to what is commonly called cholera infantum, can scarcely be overestimated. A teaspoonful of listerine administered per orem has been known to dissipate the most alarming symptoms, cutting short the attack and apparently saving life. A good way is to begin something like this: Calomel and chlorate of potash each one grain, to be rubbed well together and divided into ten powders, one to be given every five minutes until vomiting ceases and the nature of the stools have been changed; then commence and give teaspoonful doses of listerine every four hours until convalescence.—*Med. Progress.*

TRUE AMERICANISM.—Physicians and pharmacists, like the masses of the people, have tired of the arrogation of superiority implied by the announcements of foreign manufacture, and are revolting against them. Thir spirit is especially commendable at the present time, when a vast wave of patriotism is rolling over the land, making the North and the South, the East and the West as one band of brothers by its magic influence. The Antikainnia Chemical Company, of St. Louis, in all of its advertising matter, whether through the journals or by circular, takes particular pains to impress upon physicians and pharmacists that its goods are made in America, by Americans, and for American use. This enterprising Company realizes that the words "made in Germany," or "made in France," no longer possess the influence and meaning they once had. The people of this country no longer scorn or underrate the products of their own native laboratories and work shops.—*The Native Druggist.*

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ORIGINAL COMMUNICATIONS

PARALYSIS IN THE YOUNG

By W. N. Mundy, M. D., Forest, O.

THERE is perhaps no form of disease which perplexes and tries the ingenuity of the family physician more than the various forms of paralysis which he meets in the young. Nothing so startles him as to have the mother announce to him that the child has lost the use of a limb, or perhaps both limbs, when he has diagnosed and been treating the child for catarrhal fever, or possibly summer complaint. If this unpleasant occurrence has never happened to you, fortunate indeed has been your lot.

We purpose in this article to review three forms of paralysis, which we have recently met, in order to review the diagnosis and to point out the fact that the mere diagnosis of paralysis is not sufficient, but that it is on the knowledge of the seat of the trouble that we form our prognosis, which is the all absorbing point of interest to the friends.

We have been treating a little patient for two or three days. The little one had a high temperature and rapid pulse; vomited some the first day; restless, but not unduly so. The cause of the elevated temperature and pulse was obscure, and the diagnosis of catarrhal fever made. We have not suspected the cause of the fever until the mother, ever watchful and anxious, startles us with the information that the child has lost the use of a limb, or perhaps both lower limbs. Now, what's up? Why, my dear doctor, you have to about face, and change your diagnosis. The child has no doubt acute anterior poliomyelitis, or infantile spinal paralysis.

In acute poliomyelitis, the paralysis is most frequently preceded, as we have indicated above, for a few days by a temperature ranging

from 101° to 103° F. Occasionally the symptoms are more severe, consisting of convulsions, delirium, extreme prostration, and pain in the back and limbs; the symptoms so engaging the attention that the paralysis may have existed several days before being discovered. One case has fallen under our observation where the patient had been treated for rheumatism on account of the pain in the limbs, until the physician's attention was called to the paralysis of both legs by the mother. Occasionally there are no premonitory symptoms; the child going to bed apparently perfectly well, to awake the next morning paralyzed.

OLD FOLIO MYELITIS.

Holt, in "Diseases of Children and Infancy," tells us that out of 560 cases, one lower extremity was affected in 229, both lower extremities in 176. In our own experience the lower extremities were affected in all the cases we have met, and but one limb in all the cases but two.

For some time following the paralysis of motion, which is quite complete, but little change is noted, unless it be a slight improvement; at the end of two or three weeks marked atrophy will begin to be apparent in those muscles which have been most seriously affected, the atrophy being progressive and more or less permanent. Sensory disturbances are generally absent, and the electrical response to the Faradic current lost. If the impairment of the cells is not sufficient to produce a permanent arrest of the function, the muscles in a short

time begin to show a return of power. In such a case the Faradic current will again cause muscular contractions.

Our first illustration is of an old case of polio myelitis, showing the atrophy of the limb and the characteristic deformity of the foot. In the case here illustrated the child was taken suddenly ill, and both legs and the left arm were primarily affected; fortunately the improvement in the arm and one leg was both rapid and permanent. The result depicted would naturally lead to the belief that the injury to the cells in the anterior horn must be both extensive and permanent. As here shown by this case, partial or complete recovery usually takes place. Deformities may ensue from post paraplegic contractions, or permanent and extensive atrophy may result, which results are also shown by the case illustrated.

MULTIPLE NEURITIS FOLLOWING DIPHTHERIA.

The disease being seldom recognized until the paralysis has taken place, treatment directed to the prevention of the paralysis is of but slight avail. We would of course direct our treatment to such symptoms as would present themselves to us at the time. *Gelsemium*, *rhus*, and *bryonia*, are often indicated. At times *ipecac* or *nux* is called for, especially so if the child has any gastro intestinal symptoms. When the acute symptoms have subsided, electricity and a

systematic use of massage are of more avail than any thing else offered. They serve the purpose of keeping up the nutrition and tone of the muscles until the cord has had a chance to recover, which it will to some extent, but unfortunately for our little patients, seldom wholly.

The paralysis and atrophy result from inflammatory and degenerative changes in the cells of the anterior horns; the lumbar and cervical enlargement being the most frequently affected. There is inflammation, degeneration, shrinkage, pigmentation, and atrophy of the ganglion cells, and even of the anterior nerve roots. The degenerative process extends to the muscles, and the muscular fibers may be replaced by adipose and fibrous tissue. The degree of recovery, therefore, depends upon the extent of the destructive process in the cord.

In contrast to this form of paralysis, we desire to call your attention to that class of cases represented by the second illustration, and in which recovery is usually complete. The case here illustrated is one of multiple neuritis consequent upon diphtheria. The boy, three years of age, was not seen by any physician at the time of the throat trouble. The history given by the parents was briefly this: Sore throat with a deposit upon the tonsils, swelling of the glands and infection of the balance of the family, and the sequel in this case as illustrated by the photograph. The history given, with the case presented, we considered sufficient for a diagnosis of diphtheria, with a resulting multiple neuritis.

The chief cause of multiple neuritis is said to be diphtheria. The inflammation of the nerves is said to be due to the direct action of the toxins upon the nerve structure. The affected nerves are red and swollen, due to an acute congestion, with oedema or an exudation. There is an exudation of cells into the sheath, between the sheath and the nerve fibers.

The process generally terminates by resolution, though a degeneration may occur. The onset of multiple neuritis is, as a rule, gradual. The case here presented reached the condition shown four weeks from the time of the diphtheritic attack. The symptoms are symmetrical, and first noticed by a weakness in the affected muscles. At times beginning in the lower extremities, it gradually extends upward, seemingly involving occasionally the entire muscular system; as in one case in our own experience, the muscles of the limbs, trunk, neck and pharynx were involved, the child being absolutely helpless physically, as well as having trouble in deglutition and speech.

In the case recited here, there was a partial paralysis of the lower extremities, the child walking with a rolling, staggering gait, similar to one under the influence of liquor. He would stumble and fall easily. The position of the head and trunk show the involvement of the muscles of the trunk. The atrophy of the muscles of the lower extremities was slight, but the muscles of the trunk were considerably atrophied.

We have treated these cases with strychnine, phosphorus, Fowler's solution, and syrup phosphates internally, giving that which seemed to us most indicated. The chief reliance, however, is placed upon a systematic use of baths, massage, and electricity. At first the response to the Faradic current is lost, but as the inflammation subsides and regeneration takes place, it gradually returns.

Fortunately, the prognosis in these cases is usually favorable. All the cases with which we have come in contact have made complete recoveries.

We desire to call attention to one other form of paralysis which has lately come to our notice. The boy here pictured is now five years of age. When we first saw him he was unable to stand upright on his feet; he would walk two or three steps on his toes, gradually increasing his gait to maintain his upright position, and then fall. He seemed unable to bring his heels to the floor. In attempting to walk his limbs would apparently become entangled, and his body would sway about as though he was dizzy. There was no appreciable atrophy of the muscles, and there was a faint response to the Faradic current. There is a convergent strabismus and an expressionless face, which bespeaks low mental power, and such indeed is the case. He is unable to talk, and requires the same attention as does a child three to six months old. He has either no control of the sphincters, or is unable to indicate his wants. The history of the case is briefly this: A

normal labor and a healthy babe for two or three months; then fever and convulsions, diagnosed as grippe. The result is as depicted, with the encouraging prognosis that the babe would outgrow the trouble.

This we have diagnosed as a case of diplegia, resulting from a cerebral lesion, whether hemorrhagic or inflammatory we are unable to say. We have based our diagnosis on the mode of onset, the form of paralysis, diplegic, the absence of atrophy, the strabismus, the mental deficiency, and the presence of electrical reaction, in contradistinction to our first case, in which we had atrophy, loss of electrical reaction, no mental disturbance, paralysis monoplegic.

The prognosis in this form of paralysis is very unfavorable. A certain amount of recovery may take place in this case, but complete recovery is exceedingly doubtful. Massage, electricity, and strychnine internally have helped this boy some; his parents claim he is now able to walk in a manner across a room.

We have thus endeavored to describe three forms of paralysis in children, each form from a different and distinct pathological cause. We can summarize them thus:—

POLIO-MYELITIS ANTERIOR.	MULTIPLE NEURITIS.	CEREBRAL PARALYSIS.
Onset sudden.	Preceding infectious disease.	Onset sudden.
Generally monoplegic.	Paralysis symmetrical.	Usually diplegic or hemiplegic.
Paralysis complete.		
Atrophy.	Atrophy not so marked.	
Electrical re-action lost.	Electrical re-action lost or feeble.	Electrical re action present.
Deformity.		Deformity.
		Mental impairment.
Prognosis, usually partial recovery.	Generally favorable.	Outlook unfavorable.
Seat of lesion, spinal cord.	Spinal nerves.	Cerebrum.

It is easy to diagnose the result, but it is not always easy to locate the seat or the cause of the trouble. The doctor who says you have jaundice, dropsy, or paralysis, has not made his diagnosis, but has simply stated a symptom of a lesion which he has still to seek. Only when he has ascertained this, can he give what is of most importance and of greatest moment to the friends—an intelligent prognosis.

GOITRE.

By Prof. Edward J. Farnum, M. D., Chicago.

[Concluded from 406.]

OPERATIVE treatment of any nature upon the thyroid body has been considered extremely hazardous. Even the simple puncture with an exploratory trocar may prove fatal. (Duplay.)

The danger from the surgical treatment of goitre has taxed the ingenuity of operators, and forced into favor conservative methods of

procedure. Laucereaux recommends morphine to counteract the tendency to sudden death in operations for goitre. Kocher employs a two-per-cent. solution of cocaine as reducing the danger from the operation; while by having the patient speak from time to time, damage to the recurrent laryngeal nerve is avoided. The observation of Rose should be kept in mind, that the pressure of the goitre on the trachea, or the degeneration accompanying it, may make the cartilage as thin as paper and easily compressed, which might cause death after a successful operation. Patients die in an unexplained manner after operations for goitre, with symptoms of asphyxia. (Billroth.)

In the treatment of goitre we must keep in mind the probable function of the gland, and the history of the case. Of medical means, iodine and thyroids are thought to possess specific value, but a routine treatment is to be avoided. In enlargement of the thyroid in young women at the commencement of menstruation, specific iris versicolor, in medicinal doses, is curative. Of surgical treatment of goitre, electrolysis has a first place on account of safety; next in order of safety is enucleation, being applicable to the larger number of cases. To evacuate the cyst and inject the cavity with thuja or iodine, is counted a safe and efficient treatment for cystic goitre. These and other conservative methods may be tried before resorting to a radical operation. Among the remedies found to be curative of goitre in the past were burnt sponge and the ashes of fucus vesiculosus; but when iodine was discovered to be a constituent of these substances it was substituted for them, generally in the form of Lugol's solution. This may be given in doses of five drops, largely diluted with water, three times a day. The medicine should not irritate the stomach, or produce any untoward symptoms. Where this form of medicine is not well borne the third decimal trituration of iodine may be substituted for it.

Recently the thyroid gland of the sheep and other animals has been given with success in the treatment of goitre. So much evidence to this effect has been adduced that no further proof is deemed necessary here. The discovery of a small amount of iodine in the thyroid seems to explain its action in goitre, and moreover, suggests the importance of giving a very small dose where iodine is employed in the treatment. In treating goitre with thyroid, five to ten grains of Armour's thyroid extract may be given three times a day.

Of all the more simple methods the pressure treatment should be emphasized. It can be accomplished by the daily application of simple collodion over the surface of the tumor. Some cases improve rapidly where a mixture of collodion two parts, and the tincture of iodine one part, is applied daily. Where the skin becomes too much irritated, a few days should elapse between the applications. The collodion treatment, combined with internal medication, will be effectual in a large percentage of cases.

Iron in some simple form is called for in some cases, and sometimes the bitter tonics. If inflammatory, specific phytolacca with aconite

or veratrum, echinacea, iris, etc., should be selected. The general condition of the patient must be taken into account. By taking into consideration the causes of goitre, remedies and methods of treatment not known to be directly curative of the disease, will be found to act with power in promoting recovery by removing the cause.

Lucke, of Berne, first practiced injecting iodine directly into the tumor in 1868, a method which is recommended by Billroth, Mackenzie, and others. It is objected that it is only curative of a limited number of cases of recent goitre in young subjects. Ten drops of tincture of iodine is injected well into the tumor once a week.

The method of Mitchell in treating cystic goitre is to make a vertical incision in the skin over the most prominent cyst, and then carefully dissect down through the various structures, until the wall of the cavity is reached. A fine trocar is then pushed into the cavity with a canula, and through the latter the fluid is withdrawn. After this a disk of caustic (plaque of *pate de conquoin*) is applied to the cyst, the edges being protected by a circular piece of diachylon. This is left on for a day or two until an eschar forms, which soon comes away, leaving a free opening, through which the cyst can discharge until it shrinks up, after suppurating for a time.

Gersung treated 150 cases of goitre with injections into the tumors of one part iodoform and seven parts olive oil—injections repeated every three, four or five days. Ninety per cent. recovered. The tumor is pressed firmly backward, and the needle being inserted the patient is directed to swallow, when, if the needle is within the thyroid, it will move up and down. This treatment is suitable for parenchymatous goitre. No pain or suppuration follows.

Moorhof employed iodoform 1 part, ether 5, olive oil 9, one to two grammes being injected five or ten times at intervals of three or four days. Under this treatment goitre shrinks.

Edward Woaks found that in cystic goitre, after evacuating the cyst, chromic acid applied by a carrier holding a definite amount of the acid in its distal extremity, to the walls of the cyst, completely obliterated it, and cured the goitre.

Despres observes that in cystic goitre there are serous cysts, with their walls comparatively ease of treatment, and others with anfractuous walls, with syrupy and sticky contents, in which treatment is exceedingly difficult.

Ingalls, Chicago, thinks Morrell Mackenzie's method (injecting a watery solution of persulphate of iron into the cyst, having first evacuated its contents, for the purpose of destroying the tumor by suppuration) is not equal to electrolysis, which stops the re accumulation of the fluid, and effects a cure. He makes three or four applications for ten minutes, of six to ten Laclede cells; the strength to be regulated as the patient can bear it. Wahlluch employs eight Daveel's elements, and the insertion of one needle, and gradually increases to sixteen elements and the insertion of four needles, at first twice a week,

then once a week—in all about twenty eight times—and in this way effects a cure. He inserts the needle connected with the negative pole of Althaus's permanent battery into the tumor, and closes the current by placing a moistened sponge connected with the positive pole to the skin of the neck. He allows the current to act at first for ten minutes, and at subsequent operations gradually increases the time to fifteen, twenty, thirty, forty-five and sixty minutes. Where the tumor is not entirely reduced by electrolysis, he injects fifteen to twenty minims of pure iodine tincture.

Suffocative goitre may depend on different anatomical conditions. The gland may embrace the larynx and trachea like a ring, and exert a fibrous retraction consequent upon hypertrophy, and the laryngo-tracheal tube become constricted as by a ligature; or the goitre may be located entirely behind the sternum. The dyspnoea is usually progressively increased till it finally proves fatal.

Tying the arteries to cut off the blood supply of the tumor has been practiced by many surgeons. Bilroth advises ligation of all four thyroid arteries at a sitting in goitre, though this may not prevent tetanus, the laryngeal nerve being tied or injured, or cachexia strumi priva. The small arteries remaining prevent gangrene, as in obliteration of the renal artery.

In cases of extravasation, calcification, cystic or colloid softening, there would be no reduction in the size of the goitre, and ligation is not advised.

In malignant growths of the thyroid, ligation is not warranted, as the compensatory circulation is not sufficient.

In rapidly growing goitre of young persons with degenerative necrotic changes, ligation is not to be practiced.

Ligation causes—1, glandular anæmia and softening; 2, disappearance of epithelial and interstitial tissue. The possibility of cachexia strumipriva is reduced as the system becomes accustomed to the absence of the thyroid, as in children. When all four arteries are ligated the atrophy is permanent. In ligating the inferior thyroid artery, incise on the outer side of the sterno-mastoid muscle, keeping in mind the fragility of the vessel. Slight fever follows the operation, or there may be slight jaundice. Cosmetic effect, four scars after ligating and a deformed (attenuated) appearance of the neck, and one scar after enucleation.

Enucleation was first practiced by Socin in all goitres with nodes or encapsulated tumors, and the majority are of this class. In enucleating cystic tumors, there is likely to be profuse hemorrhage, especially after pressure is relieved by incision of the capsule. The gland is often soft, and when the capsule is opened it bleeds freely. The arteries and veins are enlarged and numerous. The veins are found everywhere without definite anatomical arrangement, and the walls are easily broken. On account of the fragility of the gland silk may be used for ligatures. In thyroid abscess from blood infection follow-

ing pneumonia, influenza, rheumatism, puerperal septicæmia, and typhoid fever, hemorrhage and fistula are the dangers. Usually, packing with iodoform gauze is satisfactory, though a fistula may have to be excised. Kocher found in 1000 operations, that cachexia strumipriva did not occur if a portion of the gland was left, sufficient to carry on its function, which is another point in favor of enucleation. The operation of enucleation leaves a comparatively small scar. The principal danger is from hemorrhage. Many plans to avoid this have been instituted, but, as a rule, ligating the enlarged vessels before incising them will be effectual. Bose separates the goitrous tumor, ligates the pedicle, and proceeds with the operation. Kocher ties the veins and superior thyroid artery before splitting the capsule—the extra-capsular method. Rose divides the isthmus first. Mikulicz ties the superior thyroid, having freed the affected lobe and ligated and divided the isthmus. The lower lobe is ligated like the pedicle of a tumor, in several divisions, before being cut away. Bilroth splits the capsule, enucleates the lobe from its bed, ties all vessels running from the capsule as they are severed, and finally ligates the inferior thyroid artery—the intra-capsular method. Maas operates from below upward, the patient being in a sitting posture. Different methods have been practiced by Woelfler, Nussbaum, Hahn, and others.

Lehatzky operated on sixty two cases of goitre by enucleation of the gland for distressing symptoms and cosmetic reasons. In thirty-three cases the goitre was firm—six men and twenty-seven women. Thirty-two recovered and one died. Tumors from the size of a hazelnut to that of a man's fist. One tumor was cystic, size of a child's head; capsule varied in thickness from one to two inches. Band-like adhesions were found requiring knife, scissors, or ligature.

Hemorrhage is the most dangerous element of the operation; slight capillary hemorrhage the rule. In rapid operations hemorrhage is profuse. By ligating strands of adhesion and the pedicle the operation may be made bloodless. The bloodless operation is slow and tedious.

In studying the cases of thyroid enucleation in the Cook County Hospital, Chicago, in the last four years, the record sheets disclose the following history in thirty-five cases: Extreme parenchymatous hemorrhage in one case. Secondary hemorrhage in one case. One case died from air entering a vein. Two cases died from pneumonia, and one from emphysema. Twenty nine cases of cystic goitre operated on—four men and twenty-five women—and every one successful.

Chloroform anæsthesia has the preference. Here great care must be taken in its administration, on account of the pressure in the neck interfering with free respiration. The skin is divided and one or two membranes. By blunt dissection the operator can work mostly around the tumor. If a cyst, it can be dissected free. Sometimes a true capsule is found. If the cyst is ruptured, no trouble will arise from its contents flowing over the field of operation. The difficult cysts to

remove are the post sternal. If the tumor is composed of parenchymatous nodules, the arteries and veins should be ligated after the method of Kocher and Mikulicz before it is cut away, using chromicized cat cut ligatures. Silk-worm gut sutures are used in the skin, and strips of iodoform gauze inserted for drainage.

Where the entire gland is involved, demanding excision, a transverse incision is made over the lower part of the isthmus, and curved upward along the sterno mastoid muscles over the tumor on either side. If the tumor embraces only a portion of the gland, the incision is made from above downward, over the tumor. In many cases the operation is easy to perform, and the result good. There is an advantage in using a single incision, care being taken not to injure the recurrent laryngeal nerve. Only the portions of the gland found to be diseased are to be removed, and if possible enough should be allowed to remain to prevent cachexia strumipriva.

JOSEPH RODES BUCHANAN.

By Alexander Wilder, M. D., Newark, N. J.

(Concluded from page 402.)

DR. Morrow died in July, 1851, and Dr. Buchanan succeeded him as dean of the Eclectic Medical Institute. He had also been elected President of the National Eclectic Medical Association, which had been formed at Cincinnati in 1848.

It was a period of tribulation. There were dissensions in the faculty which it was impossible to heal. Dr. Buchanan and Dr. L. E. Jones were impatient of each other, yet it was not easy to dispense with either. Dr. Buchanan possessed superior ability as a teacher, and high social standing. Dr. Jones owned a large share of the College property, and had reputation as a financial manager.

Unfortunately at this time the financial affairs of the Institute were in a precarious condition, and some provision was necessary to rectify them. An agreement was made by which the Memphis Medical Institute was abandoned, and several of its professors were added to the Faculty at Cincinnati. In this way, Drs. Robert S. Newton, John King, and Zoeth Freeman were added to the staff of the Eclectic Medical Institute, and for a time all were hopeful of prosperous results. Dr. Buchanan had been associated with Dr. Morrow in the conducting of the *Western Medical Reformer*. Now the *Eclectic Medical Journal* took its place, with Drs. Buchanan and Newton as editors. The new publication appeared thrifty, there was a large attendance at the classes, and every one was confident.

Dr. Buchanan seems to have had little confidence in the endeavor to maintain a national organization of Eclectic physicians. He declined while president to attend the annual meeting, and wrote a letter instead proposing the abandonment of the project, and the holding of sectional medical conventions instead. He afterward took exceptions

at the latitude of sentiment entertained by members as not conforming to the views inculcated at the Institute, and procured a vote of the Faculty not to recognize the National Association.

His work, the *System of Anthropology*, was published in 1854, and received the hearty indorsement of such men as Governor F. P. Stanton, Hon. James Rollins, Prof. Samuel Torrey, Prof. Gatchell, and others of similar character and scientific standing.

Dissensions were kindled now in the Faculty, and finally broke out in violence in 1856. The two parties set up rival schools, each claiming to be the genuine corporation. Personalities were bandied of an opprobrious character, and Dr. Buchanan's treatise was made the theme of indecent ribaldry. The controversy was finally determined by a lawsuit in which he and his friends were ousted. They proceeded at once to procure a charter for "The Eclectic College of Medicine," and to establish with it the *College Journal* as the organ of the new Faculty. Dr. Buchanan was elected dean, but resigned a year or two later, continuing, however, his contributions to the *Journal*. He had evidently become weary of conflict and restive under the constraint incident to the position, till he could endure it no longer. He had found his expectations too sanguine to be realized. He was not in his natural element. He was too refined and sensitive for intimate association with men of coarser material. Indeed, medical men are generally too materialistic in their views of things to perceive profit or utility in pursuits that they can only regard as fanciful and visionary. Dr. Buchanan suffered in this respect, and in the disappointment of fonder hopes. In becoming a member of the Faculty he found himself obliged to interrupt his favorite investigations, and he felt himself placed in a false light by appearing as a representative of practical medicine, rather than as the promulgator of a new philosophy.

The outbreak of the civil war found him a resident of Louisville. Here he seems to have lived quietly engaged in study and scientific pursuits. In 1863 he was a candidate of the Peace party for representative in Congress. At the end of the war he engaged in business in the hope of building up a competency. He spent a season at Syracuse, New York, where he was engaged in making application of improved methods in the manufacture of salt.

He never lost sight, however, of his favorite science of anthropology. He made many tests and experiments, which were published in his *Manual of Psychometry*. He took deep interest in spiritual phenomena, though he often took exception to what he considered the absurdities and extravagancies of spiritualists. He often contributed to their literature, though they often dissented from many of his views.

He was in New York City for a season in 1869, and spoke while there at the semi-annual meeting of the Eclectic Medical Society of the State. He was an agreeable and eloquent speaker. He was, by no means, however, in the habit of attending medical meetings.

In 1867, he became Professor of Physiology in the Eclectic Medical College of the City of New York, and held the position till the autumn of 1881, when he resigned.

He had been a widower for many years. In 1881, he married for a second wife Mrs. Caroline H. Decker, a lady of note in her own circle, who proved a valuable helper in his studies. He was undoubting in his confidence in her clairvoyant powers. She was a woman of superior intelligence, great amiability, and intrinsic personal worth. Their conjugal life was reciprocally happy, and she aided him greatly. Several years ago he contributed a paper to *The Arena*, containing predictions obtained through her of the death of several prominent personages, and also of a remarkable cataclysm that would engulf the lower part of New York City and the lowlands on the eastern side of New Jersey. The time was to be in the earlier years of the coming century.

Soon after their marriage Dr. Buchanan removed to Boston. For a time he was professor in the University. He found many friends and admirers, and was the recipient of numerous courtesies from the advanced thinkers of New England. He opened there a college of therapeutics for the instruction of students in his peculiar doctrines of physiology, sarcognomy, and the healing art; and organized the Buchanan Anthropological Society, which was well attended.

He took an active part in opposing the attempted medical legislation in Massachusetts and Rhode Island, and his addresses to legislative committees were able productions. They recounted past history, exposed the covert as well as avowed objects sought, and showed the injustice as well as the irrationality of the measures. They were published in pamphlet and widely circulated. Not till Dr. Buchanan left New England was a medical law enacted in either State.

Several years ago he removed to San Francisco. Here he soon had a goodly group of friends around him, and it was actually proposed to establish a medical college on the basis of his teachings. The College of Therapeutics was transferred there, and several sessions were held.

After making several excursions over California, Dr. Buchanan finally took up his residence in San Jose. The state of his health required a more salubrious climate, and he found it there. Unwilling to be idle, he, like Sir Isaac Newton, set himself at work in preparing a treatise on the Scriptures, selecting the Johannean Gospel for the the ground-work. This was published a year ago, and he began another.

It would be no easy task to enumerate his literary productions. They cover a period of almost sixty years. His innumerable contributions to the press, to literary and scientific periodicals, would alone fill a library. Besides these, he has, at various periods, edited magazines of his own, such as the *Journal of Man* and the *Anthropologist*, to disseminate his peculiar views. In short, whatever impres-

sions may be cherished, his theories of sarcognomy, psychometry, and therapeutics, should not be dismissed with a superficial review. His principal works are: *The New Education*, which has passed through four editions, *Syllabus of Anthropology*, *Chart of Sarcognomy*, *Therapeutic Sarcognomy*, *Manual of Psychometry*. A manuscript treatise on the new therapeutics will probably never be published.

Dr. Buchanan is now in his eighty-second year. His has been a busy life, filled with labor to extend the field of knowledge and benefit mankind. He will soon be engaged in solving the problem of the future; and there too, perhaps, his writings will be prized as the utterances of a sage. He has been sincere, consistent, upright, unselfish, and the cause of medical reform owes him a debt that has never been repaid.

BIOGRAPHICAL SKETCH OF THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE, 1897-8, IN THE ORDER OF SENIORITY.

EDWIN FREEMAN, M. D., *Professor General and Operative Surgery*.

Born in Nova Scotia, January 1, 1834, he spent the earlier part of his life assisting his father in business, and securing a liberal preparatory education for the study of medicine. He came to the Eclectic Medical Institute, matriculating in the winter session of 1854-5; graduating in 1856. In 1857, he was elected Demonstrator of Anatomy in the Institute, and in 1859 he became Professor of Anatomy, which position he held until the breaking out of the war. He was appointed Assistant Surgeon, and in April, 1864, was commissioned as Surgeon, upon the recommendation of his superior officers.

February, 1866, Dr. Freeman removed to New York City, having been appointed Professor of Anatomy in the Eclectic Medical College of that city, and while there did the operative surgery of the Eclectic physicians of that section. In 1870 he was appointed Professor of Surgery in the New York College; but in 1871 he returned to his alma mater to accept his former chair of anatomy.

Dr. Freeman delivered courses of lectures on topographical anatomy before the Cincinnati Art School and the Natural History Society. But in 1887, on account of health, he went to California. In 1892 he returned again to Cincinnati, and has since occupied the chair of Surgery in the Eclectic Medical Institute.

F. J. LOCKE, M. D., *Professor of Materia Medica and Therapeutics, Dean of Faculty*.

Frederick John Locke, M. D., was born in the City of London, England, on the 7th of December, 1829. Was educated at Christ's College, Newgate street, in the same city; read medicine with Dr. Edwards, Blackfriar's Road, London. At the breaking out of the civil war in this country, he was practicing medicine in Waverly, Pike

county, O.. Entered the service August, 1861, as Captain of Co. D. 33d O. V. I. ; was promoted to Major, March 23d. 1862, and to Lieutenant Colonel July 16th in the same year. In 1864 he graduated at the Eclectic Medical Institute, Cincinnati. He has practiced medicine in Newport, Ky., since 1864. Was City Physician of Newport for six years, having charge of the city hospital, jail, and all out-door poor. Was appointed Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute in 1871, which chair he still holds with great credit to himself and his important branch of materia medica and therapeutics. He is author of a work entitled *Syllabus of Materia Medica and Therapeutics*. He is an active member of the Cincinnati, Kentucky, Ohio, and National Associations. He resides in Newport, Ky.

J. A. JEANCON, M. D., *Professor of Clinical Diseases of the Chest*.

J. A. Jeancon, M. D., was born in Cambray, department du Nord, France, on the 28th of April, 1831. Was sent to school in Berlin, Germany, when he was twelve years of age, and subsequently, at the age of fourteen, was sent to school at Turin, Italy, in order to learn German and Italian. When fifteen he attended French schools in Paris, studying the classics and mathematics, and in 1850 he went to London, England, where he entered the Middlesex Hospital Medical School, and continued there until 1854, when he was qualified for the practice of medicine and surgery by the Royal College of Surgeons, England. Shortly thereafter he left England and came to this country, where he engaged in the practice of his profession until the summer of 1861, when he was commissioned assistant surgeon of the 32d regiment of Indiana Volunteers, and in April, 1862, he was promoted surgeon of that regiment. Having been badly injured in the early part of the war, he was detached from his regiment, and was detailed on hospital duty in different parts of the South, and ultimately at Evansville, Ind. Most of the time he was acting superintendent of a number of general hospitals, or in charge of one hospital, as his health would permit. He remained in the service of the United States until the summer of 1865, when, after leaving it, he resumed the practice of his profession in civil life, and has continued it until the present time. He was appointed to the chair of Physiology and Chemistry in the Eclectic Medical Institute in 1874, which he held until 1878, then the chair of physiology until 1891, then that of Pathology and Pathological Anatomy, and in 1898 to his present chair of Clinical Instructor.

JOHN URI LLOYD, Ph. M., *Professor of Chemistry and Pharmacy*.

John U. Lloyd was born in West Bloomfield, N. Y., April 19, 1848, and four years later removed to Boone county, Ky. In his early age he had a preference for chemistry, and at the age of fifteen he entered the drug store of W. J. M. Gordon. In this position he ap-

plied himself to secure a practical knowledge of all the facts relative to the indigenous drugs which came under his observation. In 1871 he entered the establishment of H. M. Merrell & Co, and in 1877 he gained a partnership in this firm by his excellent management. In 1878 he was elected to the chair of Chemistry in the Eclectic Medical Institute; in 1883 to the same in the Cincinnati College of Pharmacy. In 1880 he published the *Chemistry of Medicines*; later a supplement to King's American Dispensatory; then a work on Elixirs. His contributions to the different pharmaceutical and medical journals have been many and varied, and of inestimable value in advancing our knowledge of plant medicines. His work in editing the "*Drugs and Medicines of North America*" is of special value in this same direction.—*Pharmaceutical Record*, Jan. 1, 1885.

Since then he published "*Etidorhpa*," which has run through nine editions, and "*The Right Side of the Car.*" In addition to his chair of Chemistry and Pharmacy, he is also President of the Board of Trustees of the Eclectic Medical Institute.

ROLLA L. THOMAS, M. D., *Professor of the Principles and Practice of Medicine.*

Rolla M. Thomas, M. D., was born August 17, 1857, in the town of Harrison, Hamilton county, O. Here he lived till the fall of 1874, when he left high school and went to Greencastle, Ind., to attend Asbury University, now De Pauw. He spent four years at Asbury, graduating in 1878. Three years later he received the degree of M. S. In the fall of 1878 he matriculated in the Eclectic Medical Institute, and received the degree of M. D. in June, 1880. One month later he married and began the practice of medicine in Harrison, where he remained till the fall of 1887 (Nov. 14), when he removed to Walnut Hills, Cincinnati. He delivered his first lecture January 27, 1887, as adjunct Professor of the Principles and Practice of Medicine, and in 1894, on the death of Prof. J. M. Scudder, was given the entire charge of this important branch of college work, which in reality he had so admirably managed the previous seven years.

WILLIAM E. BLOYER, M. D., *Professor of Anatomy and Clinical Medicine.*

William E. Boyer, M. D., was born in Chambersburg, Pa. Feb. 13, 1853. He was educated in the common schools and in the Chambersburg Academy. Taught school for ten years in Ohio and Pennsylvania. He has been a resident of Ohio since 1872. He began reading medicine in 1873. Graduated from the Eclectic Medical Institute in June, 1879. He then practised his profession in Catawba, Ohio, until November, 1887, when he was called to occupy the chair of Anatomy in his alma mater, taking the place of Dr. Edwin Freeman. All who have the pleasure of listening to his teachings are well pleased with his earnest endeavors to lighten their burdens in this ex-

tensive field. For three years he has taught clinical medicine as well as anatomy. For several years he has been editor of the *Medical Gleaner*, and is a prominent member in society work, having been President of the National Eclectic Medical Association in 1895-96.

ROBERT C. WINTERMUTE, M. D.,

Professor of Obstetrics, Gynæcology, and Pediatrics, and Clinical Diseases of Women and Children.

Robert C. Wintermute was born at Norton, Delaware Co., O., in 1861. Removing to Mt. Vernon at an early age, he received his literary education there, graduating from Union College. In 1877 he began the study of medicine under Dr. A. P. Robertson, taking a three years' course at the Eclectic Medical Institute, graduating in 1881. Dr. Wintermute has been coroner of Delaware Co. two terms, president of the State Eclectic Medical Society, is a member of the Central Ohio Eclectic Medical Association, and since September, 1890, he has filled with credit the chair of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute. Since the death of Prof. King he undertook the revision of King's Eclectic Obstetrics, which to-day stands as the standard of our school on this branch. He is a member of the National Eclectic Medical Association.

LYMAN WATKINS, M. D., *Professor of Pathology and Physiology.*

Lyman Watkins was born May 1, 1854, at Blanchester, Clinton Co. Ohio. His father, Dr. Jonas Watkins, received his medical education at the Starling Medical College of Columbus, O., but soon became dissatisfied with old school practice, became a convert to Eclecticism, and is one of the pioneers. Dr. Lyman Watkins attended the public and high school in his native village and in 1874 entered the Ohio Wesleyan University at Delaware, Ohio, from which he came direct to the Eclectic Medical Institute, Cincinnati, Ohio, graduating in the spring of 1877. He engaged in the practice of medicine with his father in Blanchester; in 1888 was elected secretary of the Ohio State Eclectic Medical Association, and the following year was elected president of that same body. In the mean time, he was also elected secretary and subsequently vice president of the Cincinnati Eclectic Medical Society. In 1890 he was selected to fill the chair of Histology and Microscopy in the Eclectic Medical Institute, and in 1891 was promoted to the chair of Physiology, and in 1898 was chosen professor of Pathology as well as Physiology. In 1895 he published a work entitled, "A Compendium of the Practice of Medicine."

W. L. DICKSON, A. M., LL. D. *Professor of Medical Jurisprudence.*

William Lowry Dickson, son of the late Hon. Wm. Martin Dickson, was born in Cincinnati, March 7, 1856. After a thorough preparatory course of education acquired in the city schools, he entered Yale College, graduating therefrom in the class of 1878. Returning to

Cincinnati, he commenced reading law under the direction of his father and was admitted to the bar in 1881, after a comprehensive, systematic and severe course of instruction. While studying law, and for a time after being admitted, Mr. Dickson was instructor Latin and Greek in the Cincinnati Schools, after which he took up practice, which has steadily advanced and developed into a lucrative as well as into an important one. As a lawyer Mr. Dickson is chiefly distinguished for the care and attention bestowed on the preparation of his cases, and the profound and exhaustive researches into all the points bearing upon them. His scholarly attainments, together with the gift of a natural and easy flow of language, render him particularly well qualified for his chosen profession, a fact which his large clientage and high standing at the bar clearly demonstrates. In addition to his law practice, Mr. Dickson is lecturer on Medical Jurisprudence in the Eclectic Medical Institute, a position which is in itself a distinguishing mark of honor.

JOHN K. SCUDDER, M. D., *Secretary of the Faculty.*

John King Scudder, oldest son of the late Prof. J. M. Scudder, was born in Cincinnati, May 16, 1865. His education commenced in the Avondale public schools, after which he graduated from the Chickering Institute in 1882, and finally from the Cincinnati University, with the degree of A. B., in 1886. He received his medical degree from the Eclectic Medical Institute in 1888, and the degree of Master of Arts from the Cincinnati University in 1890 for post graduate work. Dr. Scudder has been secretary of the Faculty and Board of Trustees of his alma mater since 1888, and was instructor in Latin 1894 to '97. He is a member of the National, Ohio, and Cincinnati Eclectic Medical Societies. He was a member of the Ohio State Board of Medical Examination and Registration at its organization by Gov. Bushnell in 1896, serving one year. He has been managing editor of the Eclectic Medical Journal since February, 1894.

HARVEY W. FELTER, M. D., *Adjunct Professor and Demonstrator of Chemistry, and Demonstrator of Anatomy.*

Harvey Wickes Felter, M. D., was born at Rensselaerville, Albany County, N. Y., June 15, 1865. His mother dying when he was eight years old he met with varying fortune, until, at seventeen he procured a teacher's certificate, and taught school at Potter's Hill, N. Y., and afterwards attended the academy at Lansingburg, N. Y. In 1883 he began the study of medicine and surgery under the direction of Alexander B. Willis, M. D., of Johnsonville, N. Y. Becoming displeased with the allopathic practice, as he saw it, he decided to become an Eclectic, though bitterly opposed, and entered the Eclectic Medical Institute in 1886, graduating at the head of his class in 1888. He then located for practice in Troy, N. Y. After about a year he removed to Cincinnati. Was married in Cincinnati, Jan. 1, 1890, to Miss Martha

R. Caldwell. He has been secretary of the Cincinnati Eclectic Medical Society, is a member of the National Eclectic Medical Association and is now president of the Ohio State Eclectic Medical Association. He was chosen Demonstrator of Anatomy in the Eclectic Medical Institute April, 1891, and is now also Adjunct Professor of Chemistry. He was co-editor of Locke's *Materia Medica*, and for three years has been engaged in conjunction with Prof. Lloyd in re-writing King's *American Eclectic Dispensatory*.

WILLIAM BYRD SCUDDER, M. D., was born in Avondale, Hamilton county, O., Dec. 12, 1869. Received his preliminary education in the public schools, and attended the Cincinnati University two years, paying special attention to analytical chemistry under the direction of Prof. T. H. Norton.

He graduated at the Eclectic Medical Institute after attending four sessions, in June, 1890. He attended the summer sessions in ophthalmology and otology, in 1890 and 1891, in the New York Post-Graduate Medical School and Hospital. He has been in charge of the chemical laboratory of the Eclectic Medical Institute since 1891, and lectured and had charge of the clinics in ophthalmology, otology, rhinology, and laryngology, since 1892. He is author of the appendix on the nose and throat in Prof. J. M. Scudder's work "On the Use of Inhalations." In May, '98, he resigned on account of ill health.

BISHOP McMILLEN, M. D.,

Professor of Nervous and Mental Diseases.

Bishop McMillen, M. D., was born Aug. 5, 1856, near Johnstown, Licking county, O. He lived with his parents on a farm until twenty years old, then moved with them to Westerville, O. He attended the district school, later the Johnstown and Westerville high schools. After one year spent in teaching, he entered the office of Drs. Stimson & Williams, Alexandria, O.; David Williams, M. D., now of Columbus, O., the recently elected President of the National, being his preceptor. After graduating from the Eclectic Medical Institute, in 1881, he practiced medicine for seven years at Gahanna, O. January, 1888, he secured the appointment of Assistant Physician to the Columbus State Hospital for the Insane. During the summer of 1890, he resumed the general practice of medicine in Columbus, O. In 1894, he was appointed Professor of Mental and Nervous Diseases in the Eclectic Medical Institute, and has delivered a course of lectures each year since that time. In July, 1894, he accepted a position in Shepard's Sanitarium, Columbus, O., and at once opened the department for mental disease, of which he is still in charge.

L. E. RUSSELL, M. D.,

Professor of Clinical Surgery and Operative Gynecology.

L. E. Russell, M. D., was born at Burton, Geauga county, O., in 1849. His ancestors came from England, and settled in Danbury, Mass. The

paternal grandfather, Luther Russell, was born in 1775, and at the age of 22 enlisted in the regular army. The paternal grandmother was born in Scotland, in 1783. The maternal grandmother, Sarah Creasser, was born in Yorkshire, England, in 1798. Her daughter, Sarah Jane, born in England in 1831, married the father of the subject of this sketch. Luther Russell, jr., the father of Prof. Russell, was born July 12, 1814.

After a neighborhood common school education, when twelve years of age, Dr. Russell was sent to the academy at Burton. At sixteen he commenced his collegiate course at Hiram College. The study of medicine was begun under the tutorship of Dr. James A. Bracken, of Warren, O.; in 1872 he graduated at the Eclectic Medical Institute. Two years after, having used all his spare moments in reading law under the direction of Hon. E. B. Taylor, Dr. Russell passed the regular examination, and was admitted to the practice of law in the State of Ohio.

Dr. Russell was elected President of the Ohio State Eclectic Medical Association in 1885, and in the year 1887 was elected President of the National Eclectic Medical Association. He became a member of the Association for the Advancement of Science in 1879, and is a charter member of the Society of Railway Surgeons. In 1886 he was elected Surgeon of the Mitchell-Thomas City Hospital at Springfield, O., organizing a medical staff on the broad grounds of representative medical men of all schools. As a medical writer he has contributed many original articles to the different medical journals. For years Dr. Russell has held his present position as surgeon for the five divisions of the Big Four Railroad, the Ohio Southern Railway, and the Little Miami Division of the P. C. and St. L. R. R. System. Dr. Russell was elected Professor of Surgery in the Eclectic College of Physicians and Surgeons of Indianapolis in 1890, which position he held up to the time of his resignation to accept the chair of Clinical Surgery and Operative Gynæcology in the Eclectic Medical Institute in 1895.

JOHN R. SPENCER, M. D., *Professor of Electro-Therapeutics, Hygiene, and Physical Diagnosis.*

John R. Spencer, M. D., was born in Washington county, O., Aug. 27, 1854. Was educated in the Marietta schools and the Marietta Academy. Taught school in Ohio for several years; studied medicine with Dr. J. H. McElHinney, at Hill's, Washington county, O., and graduated at the Eclectic Medical Institute in 1881; practiced medicine at Stanleyville, Washington county, O., for six years after his graduation, and then removed to Cincinnati, where he has been actively engaged in the practice of his profession. He commenced to teach electro-therapeutics, in the Eclectic Medical Institute in 1895. In 1896, Prof. Mundy resigned the chair of Hygiene and Physical Diagnosis, and Dr. Spencer has been teaching those branches in addition.

GEORGE W. BROWN, M. D.,

Demonstrator of Histology, Pathology, and Bacteriology.

Geo. W. Brown, M. D., was born in Newport, Ky., Nov. 19, 1869. He attended the public schools, graduating at Hughes High School, Cincinnati, in 1888; studied medicine under Prof. F. J. Locke; attended the Eclectic Medical Institute four terms, graduating in 1890; spent three months at Post-Graduate School in New York, and has been practicing in Newport until the present time. Has been Secretary and President of Cincinnati Eclectic Medical Society, and Secretary of the Kentucky State Association. He succeeded Prof. Watkins as Demonstrator of the Microscopical Laboratory in 1895.

H. FORD SCUDDER, M. D., *Assistant Demonstrator of Anatomy.*

H. Ford Scudder, M. D., the youngest son of the late Prof. Scudder, was born in Avondale, now a part of Cincinnati, Dec. 29, 1871. He received his education in the Avondale public schools, and afterward attended Woodward High School and the Miami University at Oxford, O., leaving the latter before graduating to begin the study of his profession in the Eclectic Medical Institute, where he graduated in June, 1893. He was selected for his present position in May, 1897.

EMERSON VENABLE, A. B., *Instructor in Zoology, Physics, and Latin*

Emerson Venable, A. B., is a graduate of Woodward High School and of the University of Cincinnati. He conducted the Cincinnati Summer School in 1897. In October of the same year, he began the study of law at the Cincinnati Law School.

KENT O. FOLTZ, M. D., *Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.*

Kent O. Foltz, M. D., was born in Lafayette, Medina county, O., Feb. 16, 1857; graduated from the Ashland High School in 1872; attended Buchtel College at Akron, O., but left the school during the sophomore year, and entered his father's drug store as prescription clerk. During the next few years he made a special study of chemistry and botany. After seven years spent back of the prescription counter in Ashland and Akron, O., he went to New York and took charge of a drug and chemical laboratory, attending the New York College of Pharmacy. After a year in this city the works were moved to Chicago, where he continued in charge of the manufacturing department two years. Concluding to finish his course in medicine, he resigned his position and took his first course of lectures at Western Reserve Medical School, of Cleveland, O., and graduated from the Eclectic Medical Institute in 1886.

In 1888, he attended a fall course on the eye and ear at the New York Post-Graduate Medical School and Hospital. In 1889, took a summer course on the same subjects at the New York Polyclinic, and followed this with another course at the first named institution. In

1890, one of the doctors connected with the Post Graduate Medical School and Hospital wrote to him to come on to New York, and take care of his work in the school, Manhattan Eye and Ear, Harlem Dispensary, and also his private practice, during his vacation of three months. This offer was accepted. After four and a half years of general practice, Dr. Foltz devoted his entire attention to his special work, dropping out of the general work entirely. In May, 1898, he was elected to his present chair, and has removed to Cincinnati preparatory to occupying his new position.

REMINISCENCES OF ECLECTICISM.

By Joseph RODES Buchanan, M. D., San Jose, Cal.

THE interesting memoirs of Dr. Wilder and Dr. Freeman recalled to mind many reminiscences unfamiliar to the present generation of liberal physicians. In my 84th year, narrowly escaping death last year, and with a pleasing prospect of going, before the year ends, to the land of peace and harmony, where old foggy doctors and bigoted clergymen occupy, along with most corrupt demagogues, the lowest spheres of the higher realms, unable to interfere with progress, I wish to preserve from oblivion my recollection of the early days of Eclecticism, and its birth in Cincinnati outrunning all competition in its first three years.

Dr. Freeman gives a hint of my teaching anthropology as the highest department of physiology. I was teaching this in my office on Fourth street when the college lectures began in adjoining apartments, and we melted together as two drops of water would unite. I had started a revolutionary movement eleven years earlier, which would have been consummated in California if the warning of death had not appeared. Shocked by the ignorance of the brain in all medical colleges (in 1834), nine-tenths of which ignorance still holds the scepter of authority, I determined to devote my life to the revelations of the brain—studying brain dissection, crania and living heads. My discoveries by cranial studies (like Gall, the founder of cerebral anatomy) were satisfactory to me, but I perceived would make no impression upon the medical mind, and I determined to prove every thing by experiment on the living brain, as Bell and Majendie did with the spinal cord. After some years, in 1841, I proved that the organs of the living brain could be excited or repressed by human magnetism or by electricity. Prof. J. K. Mitchell, the most brilliant man in the faculty of the Jefferson Medical College, Philadelphia, immediately repeated my experiments on the head of Joseph Neal, the editor, and author of "Charcoal Sketches." He showed me his map of discoveries similar to mine, when I saw him in Philadelphia in 1842. Similar experiments were repeated in the United States and England, but their scientific value was destroyed by introducing Mesmerism, which destroys the independence of the subject.

I won the approbation of Prof. Caldwell, the founder of the old medical college at Louisville, and of Robert Dale Owen in Indiana; visited New York and made a public demonstration in Clinton Hall on a leading physician, and when the meeting appointed a committee of investigation I gave them demonstrations resulting in a report from the committee, headed by the editor poet, Bryant, occupying a full page of his paper (*Evening Post*), and also giving a very generous endorsement, in 1842. Visiting Boston, I won the applause of audiences, made my demonstrations before a committee of physicians at the Tremont House by experimenting on one of the committee (Dr. Lane, a young author), and received their endorsement of my success in the newspapers. Dr. Flint, who examined the pulse while I controlled it through the brain, said to me, "Your experiments are too perfect." Other committees made as favorable reports, and Rev. J. Pierpont gave me an honorable tribute in public. When visiting the University of Indiana, under President Dr. Wylie, I gave them demonstrations, and received a flattering report of three columns; and in Memphis, and Jackson, Miss., where the attorney general Freeman, wrote an eulogistic report in behalf of my class.

But I must stop—that is enough of such testimonials; but when the fortifications of medical dogmatism are attacked, such demonstrations have no more effect than firing blank cartridges. The brilliant demonstrations of reformed medical practice for over thirty years, by Prof. Beach and his predecessors, made no impression on allopathic bigotry.

But I found sound medical philosophy, honesty and progress in my Fourth street friends. They wanted me, and I wanted them. I was deficient in their medical experience and skill, and they were deficient in general science, literature, and oratory. I became at once the representative and champion of the school before the public in Cincinnati and with the Legislature, and every announcement of the college for ten years was prepared *exclusively* by myself, and the faculty did not disdain my assistance when their lectures were published. I esteemed my colleagues highly, and the esteem was returned, and it is a pleasant recollection. Our new college was attacked slanderously by Prof. Harrison and others of the old college, and I silenced them in the press. It was even reported that our college did not intend to teach anatomy. Then Prof. Mussey attacked phrenology, Harrison ridiculed it, and the Rev. N. L. Rice assailed it from his pulpit. I went to his church, called for his authority, took up the question, convicted him of a fraudulent quotation, turned the laugh on him, challenged discussion, which he evaded, but after long delay spoke in his church. I took the largest hall in the city, College Hall, which was densely crammed, and convicted Rice and Mussey of ignorance, as appears in the pamphlet report of the discussion.

DR. THOMAS VAUGHAN MORROW, a manly and honest Kentuckian and student of Dr. Beach, was the absolute founder of the Institute.

He had the spirit of an apostle, and we should be very grateful to his honored memory. CALVIN FLETCHER I believe had the honor of introducing the word *Eclectic* as its characteristic title.

Dr. B. L. HILL, the brother-in-law of Dr. Morrow, deserves singular honor for his great zeal and ability—more than he has received. He had a penetrating, intuitive genius for medicine—more than any other man in our college history—and indomitable energy, with a frail constitution, which did not last long. I perceived the very great superiority of his lectures on surgery to anything that had yet been developed, and I insisted that it was his duty to put them on record. But he was too busy for such a task, and inexperienced in literature. I brought him an English reporter to take down his dictations, and he would have spoiled everything with his ignorant verbosity if I had not taken charge of the whole business. I am proud of the result—*Hill's Surgery*. After five years' service and the death of Dr. Morrow, Dr. Hill left the college and took up homœopathy.

Dr. H. GATCHELL entered on the chair of Anatomy at my request. In sixty years of public life I have met no more lucid and penetrating mind than Gatchell's. He was a devotee to my discoveries in the brain which established the complete science of man—*Anthropology*. But he was deficient in the qualities that win success and popularity. Though Eclectic at the start, he was drawn into the Homœopathic movement, and left the college.

With profound admiration do I remember Prof. I. G. JONES, who succeeded Morrow. There was a calm and dignified earnestness and a sound practicality in all his teaching which riveted the impression on every student. In these respects he had no superior and his student, Prof. Sherwood, was another sound practical teacher.

In Prof. VAUGHAN I found an interesting anomaly, and caused his introduction to the school. With great scientific talent and originality which I admired, he was helpless as a child and lacking in force of character; we had to substitute our young graduate, JOHN W. HORT, who, though not profound in science, had real ability, and soon concluded that an Eclectic college was too limited a field for him. He went west, became Governor of Wyoming, helped to introduce woman suffrage, went to Europe as Commissioner in Education, and again as Superintendent in the Vienna Exposition, gaining so much credit that the Austrian government gave him a degree of nobility. Since then he has been endeavoring to establish a national university at Washington, in which he has won co-operation.

As my scientific labors are almost unknown to the present generation of Eclectics, I beg leave to make a record to escape oblivion among them. My college course gave a new demonstration of Eclecticism. The explanation and scientific demonstrations as to blood-letting, inflammation, fever, and medical philosophy, have never been given elsewhere nor in any current text-books. There has never been so original a course on such subjects.

But there was no room for such an elephant as the entire constitution of man in college quarters where every thing was rushed through in four months. I could only give a few evening lectures, which were received with enthusiasm as a demonstrated philosophy by students who would hold on till midnight if I could endure the strain. It was not an ornamental sidelight in science, but a broad foundation for a greater revolution in medicine than all that had been done by my predecessors. I proved that by training in the new science of psychometry which I created in 1842, medical practice would be *perfected in diagnosis*, and that by the proper investigation of the *materia medica* by my methods, the whole dispensatory could be reformed and enlarged, and medicines doubled in their practical value, and a more perfect system established equal in value to the combined investigations of Hahnemann and Scudder to-day.

It may be asked, why have I not established all this? I reply, what can one man without capital absorbed in the cares of subsistence do against the consolidated opposition of the entire world? I thought the case hopeless, suspended my *Journal of Man*, left the editorship of the *Eclectic Medical Journal*, attended to family interests, got into politics, led the Democratic party in Kentucky for three years, wrote the History of Philosophy and the New Education, which had several editions and received higher honor than any work ever published on that subject, and would be before the public now if it had not been suppressed by theft of the plates.

My investigations of the *materia medica* have not been published. My investigations of electricity developed the only complete science of electro-therapeutics ever published. They are recorded in a five-dollar volume of 700 pages, entitled "Therapeutic Sarcognomy," now resting in the tranquility of "*otium cum dignitate*" on a shelf of your college library, waiting for the middle of the 20th century, when the men who look down on the 19th may appreciate its originality. Science always crawl's with a snail's pace; it neither leaps nor flies; but now it no longer has a jealous church to trample on it. Three volumes of the *Journal of Man*, published at Boston, will give the next century some idea of my teaching.

[To be continued.]

UNRELIABILITY OF THE OZONE TEST FOR BLOOD, AND THE REMEDY FOR THE SAME.

By Prof. Max Meyer, Ph.D., M.D., New York City.

THE detection of blood may be effected by the microscope, by the spectroscope, or by chemical tests. The dry spot, or stain, must be softened with distilled water, salt solutions, iodized serum, etc., which dissolves out the hæmoglobin, leaving the stroma of the red blood corpuscles colorless. For this reason the microscope is of very little use, as its efficiency depends upon the discovery of blood corpuscles, which may or may not be present.

The method to determine blood by the spectroscope requires considerable care and very elaborate instruments; and although the results are very characteristic, they are not easy to obtain, as a sufficient quantity of blood is not always available. For these reasons the chemical tests are of the greatest value and simplicity, if we could rely upon positive results. Among all the various tests the guaiacum test is said to be the best. It is applied as follows: Add to a solution of the suspected fluid a few drops of freshly prepared tincture of guaiac, and then a few drops of peroxide of hydrogen, or ozonized ether. If a blue color throughout the fluid or at its margin appears, blood is present. But the presence of nasal mucus, saliva, and pus interferes with this test, and I have found by repeated experiments that blood is not the only compound producing this effect.

In the following table may be seen some of the various substances which give the same or similar re-actions:

	SUBSTANCE.	COLD.	WARM.
1	Lead metallic,.....	light green blue,	—
2	“ acetate,.....	blue,*	green blue.
3	“ oxide,.....	light green yellow,	green blue.
4	“ nitrate,.....	blue,	green blue.
5	“ sulphate,.....	green blue,	—
6	Iron metallic,.....	blue,	gray.
7	“ rust,.....	blue,	blue.
8	Ferrous sulphate,.....	blue,*	dark blue.
9	“ carbonate,.....	blue,	blue.
10	Ferric chloride,.....	blue,**	—
11	“ sulphate,.....	blue,**	—
12	“ oxalate,.....	blue,*	green blue.
13	“ ammon. citrate,....	green blue,	blue.
14	Copper metallic,.....	green blue,	green blue.
15	“ oxide,.....	blue,	blue.
16	“ sulphate,.....	blue,*	blue.
17	Tin metallic,.....	green blue,	green blue.
18	Stannous chloride,.....	—	—
19	Zinc metallic,.....	faint green blue,	faint green blue.
20	“ oxide,.....	faint green blue,	faint green blue.
21	“ carbonate,.....	faint green blue,	faint green blue.
22	“ sulphate,.....	faint green blue,	faint green blue.
23	Silver nitrate,.....	blue,	green blue.
24	Mercuric chloride,.....	faint green blue,	—
25	Potassium permanganate,	blue,**	blue.
26	Cobalt metallic,.....	faint blue,	—
27	Solder,.....	faint green blue,	—
28	Starch,.....	faint green blue,	—
29	Sweet potato.....	blue,**	—
30	Irish potato,.....	blue,**	—

* Color appeared immediately with tinct. guaiac and H₂O₂.

** Color appeared immediately with tinct. guaiac only.

The salts had been dissolved in H₂O, and to the insoluble substances H₂O was added, viz: H₂O 12 parts, tincture guaiac 3 parts, H₂O₂ 6 parts.

The reason why these re-actions take place is evident from the fact that the constituents of guaiacum are: Guaiacic acid, five per cent. ; guaiacic yellow, five per cent. ; guaiacresine acid, ten per cent. ; guaiac beta resin, ten per cent. : guaiaconic acid, seventy per cent. ; and easily oxidizable. Of these, guaiaconic acid (an amorphous, light brown substance, soluble in alcohol, ether, chloroform, and acetic acid) is colored blue by oxidizing agents, but only by such in which antagonistic oxygen is contained. Blood has the power in the presence of anti-ozonides (inactive oxygen) to become an ozonide, *i. e.*, an oxidizer, hence the blue color of the ozone test.

Many other substances besides blood, however, as the above table shows, have the property of oxidizing the guaiacum in the presence of H_2O_2 , and the question arises, "Is it safe to rely upon the guaiac test in medico-legal cases?" I answer, No, if the test is carried on in the ordinary way.

Suppose, in a suspected murder case, a few reddish spots are found on the blade of a knife. These being carefully scraped off, are handed to the chemist for examination. The amount of the scraping is not sufficient to make an elaborate chemical analysis, and he has only been told to examine for blood. Naturally he will, in the first place, try the guaiac test as the one which his books tell him is the most reliable. The result of his examination is a blue color throughout the fluid or at the margin. Having a few drops left, he will possibly try HNO_3 , $HC_2H_3O_2$, $K_4Fe(CN)_6$, NH_4HO , KHO , etc., with more or less positive results. He reports the scrapings as being blood. Yet the spot is not blood, but iron rust, which gives the same blue color reaction by the oxidation of the guaiac solution.

In a similar case spots are found upon clothes, and the chemist must determine whether the stains are blood or not. He will wash the spot with distilled water, and proceed as in the foregoing. The result is the blue colorization with the ozone test, but unfortunately it may not be due to blood, but to any metal or its salt, which has been used as a mordant in dyeing the fabric.

These examples may suffice to show the great danger which lies in the application of the guaiac test. Regarding the medico-legal aspect, the fallacy of the guaiac test, which in the course of years since it has been employed, might have given rise to the conviction of innocent persons.

As the guaiac test is very delicate (although it has its fallacy) I felt very much interested in studying the matter thoroughly, and after exhaustive experiments, I am satisfied to describe the *modus operandi* with guaiacum, by which positive results may be obtained.

The dissolution of the spot or stain with distilled water, etc., the addition of guaiac first and afterwards of H_2O_2 is exactly the same as formerly used, but the differentiation between blood and other substances may be effected as follows:

From the minute quantity of fluid at disposition, a drop is drawn

into a small tube ; then a mixture of the guaiac solution and H_2O_2 is added, and then a mixture of one-third alcohol and two-thirds ether is drawn into the same tube, the contents are mixed and the fluid will separate into two layers ; the upper one will appear sapphire blue (like an alkaline copper solution), whereas the lower one will have a light bluish color. If the air is excluded, this blue color in the ethereal layer will remain, but if the ether is allowed to evaporate the lower stratum loses its color and becomes a light yellow. The sapphire blue color is not produced by any other substance in the ethereal layer, nor does the lower stratum lose its color as in the blood. There might be a blue coloration, as for instance with lead acetate, but this color affects the lower layer, whereas the upper layer has a purple color ; furthermore, in evaporating the ether the upper layer loses its color entirely, and the lower stratum retains its blue color.

The above described method affords, therefore, a positive test for the smallest amount of blood, without the fallacy of the ordinary guaiacum or other chemical tests.

PRESIDENT'S ADDRESS.*

By David Williams, M. D., Columbus, O.

Ladies and Gentlemen of the Alumna Association :—It affords me great pleasure to extend to you the fraternal greetings of this occasion : and I sincerely hope that the pleasures and profits of this convention may be such that next year a much larger number of the alumni may be led to visit the halls of their alma mater and participate in the festivities of this, her most joyous day of all the year.

A great many persons seem to think that when they have pursued the curriculum laid down by a college, passed their final examination and received their degree, their relations to and their interest in that college are at an end. And vice versa, it must be said that there are many colleges that entertain similar views of the ties that bind them to their alumni. The student is received, he pays his required bills, is duly, systematically, and thoroughly crammed by the professors, is very properly made to sweat in his final examination, is given his diploma, and is launched out upon the tempestuous sea of life with no thought or care whether he rides the waves triumphantly to success or ignominiously disappears under the first breaker. These mutually think that there is nothing remaining to bind them to the other ; the one has his diploma, the other the money, and why should either care what becomes of the other.

In my brief paper to-day, I would like to offer a few thoughts on what I conceive should be the mutual relation existing between the alumni and the college which gave them their professional existence. That the relation has generally been felt to be a tender one is evinced by the endearing term alma mater—fostering mother—and the graduates are the beloved children ; and as a loving mother follows with

* Read before the Alumna Association of the Eclectic Medical Institute, May 10, 1898.

tender solicitude her children, to whom she has given physical life, as they scatter far and wide to carve out their own fortunes, and as she endeavors to keep their hearts warm with messages of love and encouragement, so should the alma mater, as far as possible, keep in close touch with every one to whom she has given professional life, and in a like manner aid him in making the most and best of his noble work. And, as filial children love and honor the mother who gave them their physical being, and contribute freely and joyfully to her comfort and pleasure, so should their "fostering mother," who gave them their professional being, be remembered with a love, gratitude and loyalty that will make her feel that she has a living bulwark in her children who will defend her honor and enhance her glory.

On the part of the college much could be done to cultivate this mutual regard: first, by keeping a carefully prepared register of the name and address of every graduate, and from time to time communicate to him the changes and advancement made in its work; the new professors that are added and the improvements in their methods of teaching; their improved facilities for giving medical instruction, and indeed, everything that a filial son would be glad to know. This would show him that his alma mater is keeping abreast of the times, and that she remembers him and wants him to know it. He is proud of this fact, and is thus stimulated to do better work for himself and for others.

Second, the college should encourage its graduates by all legitimate means, to make at least annual visits to its halls, and invite them to participate actively in some of the work of the college. In all probability the time is not far distant when all candidates for graduation will be examined by a board not connected with the medical college; or after graduation will be required to pass such an examination before being admitted to practice, as is now required by many of the States. Why would it not be well to appoint a committee from the alumni of the college to co operate with the professors in conducting the final examinations? Undoubtedly this would stimulate both professors and students to more thorough and conscientious work.

Let this committee also act as a board of censors to inspect the college work—its facilities for giving medical instruction, its methods of teaching, and indeed everything that appertains to the interest of the college and its graduates. Let them be empowered and requested to recommend any measure or improvement that, in their judgment, will enhance the interests of the college, and thus enhance the value of every diploma that it confers. I would recommend that the expenses of such a committee be paid from the treasury of the Alumnae Association, and know of no way in which our funds could be more profitably expended. It would bring the college in closer touch with its alumni, and thus a mutual interest would be engendered and quickened, and I am sure that the interests of the college would be safe in the hands of its friends.

When a man receives his diploma from a college that gives him all the honors, rights, privileges and immunities of an honorable profession, there goes with it certain responsibilities and obligations that are not named in the parchment, and perhaps have not been enjoined by his professors. First among these is for him to always carry himself as a man, upright and true, honorable and just, never to do anything that will dishonor the noble profession to which he is admitted, nor bring shame to the college whose diploma he holds. A college is honored or dishonored by the conduct of her alumni, and every alumnus participates in the honor or disgrace that comes to his alma mater. This has been appreciated to such a degree by all colleges that an effort has been made to secure to them the power to revoke their diplomas for infamous conduct. This power should be given them. When a college finds that the degree it has conferred is being prostituted to base uses, it should have the power to say, "You have dishonored your mother, and have brought shame and disgrace to the family, and you shall no longer be counted as one of my children."

No doubt this would exercise a very wholesome restraint over many who need it. Probably one of the most common ways of dishonoring the college and the profession, is in the employment of quackish methods of seeking business by bombastic and fraudulent advertising in which the alma mater is only named to dishonor her. Many an honest man has been made to blush with shame by seeing his college linked with such infamous methods. On this same line is the doctor who, without any special study in the direction indicated, announces himself in large capitals as a specialist in one or more of the departments of medicine. A specialist implies special study, with special—more than ordinary—knowledge and skill. If a man wishes to pursue a specialty, let him prepare himself for it with special study and work; then if he chooses to announce that his practice is limited to that specialty, he is to be commended. But when a man is doing a general business, and proclaims that he is devoting special attention to surgery, diseases of women, or any of the other departments of medicine, without having first prepared himself for this special work, it looks to his professional brethren as though he were trying to "knock the persimmons" in this particular line, and at the same time endeavoring to hog everything that came in his way.

Medicine is classed with the liberal professions, but unfortunately it is cursed by too many whose liberality is represented by the point within the circle—the point is ego, the circle self interest. Men of this class have no use for their alma mater, only as she contributes to their selfish ends.

I am proud to say that our alma mater well deserves our most loyal support. We honor ourselves in honoring her. As Ohio is well named the "Mother of the West," so is the old Institute the "Mother of Eclectics." Her children are everywhere. She is represented in the teaching faculty of every Eclectic college, and probably on every

State medical board that has an Eclectic member. No feeling of envy ever touches her breast over the success of other colleges or men. She is the mother of all, and rejoices in the honor that comes to her children, whom she numbers by the thousands.

What have we, her alumni, done to assist her in her good work? To be sure she has grown from a slender slip of a girl to comely matronly proportions, but if each alumnus had done his duty, in addition to the fair things that greet our eyes to-day, we would see a magnificent Eclectic hospital, with superb appointments and hundreds of patients enjoying the beneficence of Eclectic treatment, and furnishing clinical material for students so numerous that these capacious halls would not supply the needs of its freshman class.

I trust that the class of '98 will hold a more tender and intimate relation to their alma mater than has ever before been known in college history. As to-day they receive the highest token of her confidence and trust, I hope that each one will feel, in the fullest degree, the responsibilities of the honor conferred, and as their names are enrolled with the alumni of this Institute, their young blood will infuse new life into the sluggish veins of the old alumnus who may thus be stimulated to do better work for his alma mater, his profession, and for himself.

OUR ASSOCIATION.†

By A. P. Taylor, M. D., Columbus, O.

THESE annual gatherings are for our mutual benefit in many important respects, not the least of which is personal improvement in the important matters which concern us all. Socially they should be made profitable and interesting to every one. The physician as a rule has little time to cultivate sociableness, yet his calling imperatively requires him to be agreeable, affable, and gentlemanly. It is business for him to be so. Nothing can be more out of place than a sour, surly, or morose doctor in the sick room, where every one should be as cheerful as circumstances permit.

The life of a physician is a very hard one, let him be successful or not successful, especially if he depends entirely upon his professional work. If he is successful in life it is a very hard life to live, from the fact that he will have to deny himself of a great many privileges and pleasures, that he may please the people that demand his attention. If he is not successful, it is very hard for him to live and enjoy life.

The fortunes of physicians are made up of calamities and misfortunes of the public or people, and it is questionable in my mind whether we can *legitimately* pray for our daily bread. To relieve us we should make ourselves so agreeable and give such pleasant medicines that our patients should feel it a luxury to be sick.

† Read before the Alumnae Association of the Eclectic Medical Institute, May 10, 1898.

These meetings are valuable for the opportunity they afford us to meet each other personally, and cultivate and strengthen the ties of friendship by a more intimate acquaintance. I think it has become apparent to every thoughtful observer, that the future of Eclectic medicine depends vitally upon the permanency and integrity of its associations. Without associations Eclecticism would lose her identity, and Eclectic practitioners would be regarded as a species of bushwhackers and Ishmaelites, with their hands against every man, and every man's hand against them. Even as it is, with all our organizations, and the efforts of our ablest and most unselfish men, there is often too much jealousy between those whose interest lies in fraternal co operation.

We have lost no ground. The number of our physicians is steadily increasing. Our college is doing good work and adding recruits in numbers sufficient to keep our ranks from depletion. Let progress be our watchword, and conservation of vital forces our motto. The Eclectic school has never been exclusive in practice, but always the champion of better methods and more liberal sentiments. Let us be always ready to extend the kind hand of help to one another. Let us not hesitate to use any honorable means to protect the right from encroachment. In this way we may hope for success because we will deserve it.

I hope that this session will be profitable to all the members, beneficial and harmonious, so that when we come to separate, it will be not only with regret, but with pleasure that we meet again.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

In this department it will be my aim to give mostly practical hints, not to those who are making a specialty of these diseases, but to those who are engaged in the general practice of medicine; and these points will, in the main, be such as I have found from experience to be reliable. It must not be forgotten, however, that conditions will present, in which the results of one individual will be apparently opposite to those of another, and in such instances no one can be held responsible. The practice of medicine should be a matter of plenty of good common sense, and this is something that must be used by the individual at the bed side, not following blindly the dictates of so-called authority. If the latter method is followed, disappointment and failure is sure to be the result.

I would be glad to receive reports of cases with the results of treatment from any who are interested in this department.

PHLYCTENULAR CONJUNCTIVITIS.

With the advent of warm weather there is a conjunctivitis that is phlyctenular in form, but does not seem to follow the usual run of that found in the winter season. The latter is ascribed to vitiated air in the houses, schools or shops, and as a rule soon yields to treatment. The hot weather variety, however, is much more stubborn.

The characteristic blebs, or phlyctenules, make their appearance at the junction of the cornea and sclera, with a leash of blood vessels running to each bleb. The first indication of the bleb is so similar to a blister that the patient nearly always says, "A blister has formed on the eye." This soon opens and an ulcer remains, which may spread to the size of a small pea, usually, however, they are about the size of a pin head. In a few days these may heal and others take their place. If the morbid process extends into the corneal tissue, the case is more aggravated, and depending on the amount of invasion, may reduce the acuity of vision.

The pain connected with this disease seems out of all proportion to the amount of surface implicated, but when we consider the fact that every time the person winks the eye ball rolls upward, we can understand why the pain is so severe. Dread of light is also generally present, and the lids are sometimes so closely pressed together that it is almost impossible to get a view of the eye-ball. The flow of tears is excessive, and in many cases will be so acrid that eczema of the lids and cheek will result, and often erysipelas will be given as the cause of the trouble. It is well to remember, however, that this disease rarely attacks the eye-lids unless it exists on some other part of the body. The conjunctiva of the lids is also swollen.

TREATMENT.—Constitutional treatment, as well as local, is necessary in these cases. In the early stages, when inflammatory action is considerable, and there is a burning sensation, the following prescription is a favorite: R.—Sp. aconite, gtt. v to x; sp. rhus tox., gtt. iij to v; aqua, fl. oz. iv. Sig.: Teaspoonful every two hours. When the aconite does not seem to be required, and a stinging pain is present with the burning, sp. apis, gtt. iij to v, is used with the rhus. If the secretion takes a purulent form, either lime water or calx sulph. 2x in grain doses should be given every three hours. Tr. gelsemium in doses of from gtt. $\frac{1}{3}$ to $\frac{1}{2}$ has given good results when the discharge is bland and watery. Locally, the regulation wash of boric acid should be used freely, and after the eyes are well bathed, use this: R—Morphine sulph., gr. ss.; Lloyd's hydrastis, fl. 3. ss.; sol. boric acid, q. s. fl. 3 ss. Sig., Two drops in the eye after using the wash. Use every two hours.

If the excoriation of the lids becomes troublesome, an ointment of oil eucalyptus, gtt. x, vaseline 3j, will give relief. Howe's juniper pomade has also been very grateful in some of these cases. Oxide of zinc ointment will be better borne by some patients than any of the other preparations.

FOLLICULAR TONSILLITIS.

There seems to be an unusual number of cases of sore throat this season ; whether the microbes are declaring war against the American people or not, the powers say nothing. The most of the cases coming under my observation have had the tonsils much enlarged, the crypts filled with secretion, the pillars of the fauces and posterior wall of the pharynx much swollen. The onset of the disease is usually sudden, and at the end of twenty-four hours, the act of swallowing is accompanied by so much pain that tears will come unbidden. The temperature is not high, and the pulse is accelerated but little above normal. The secretion is both profuse and tenacious, in fact, some cases seem to have a piece of light colored rubber in their mouths. Ordinarily one tonsil is attacked at a time, though both may be. Pain seems to run from the throat to the ear of the affected side whenever the attempt to swallow is made. The tongue is coated and the papillæ near the tip are very prominent. What is called the "strawberry tongue" is present. The pulse is nearly always wiry.

TREATMENT. R—Sp. aconite, gtt. v to x ; sp. phytolacca, fl. 3ss. to j ; aqua, fl. 3 iv. Sig. Teaspoonful every hour. If the pain is present, passing from the throat to the ear on swallowing, sp. bryonia, gtt. xij to xx are added to the above. When the strawberry tongue is also present with the pain, sp. rhus, gtt. iij to v, should be given with the bryonia in a separate glass. For the tenacious mucous I have found nothing equal to kali bi-chromate, 2x. One grain every three hours. I have found this treatment efficacious in nearly every case this season, and the duration, as a rule, has been from three to four days. In some cases the use of an atomizer, with the aconite and phytolacca, was resorted to, and then it was used every half hour. Gargles in these cases are worse than useless, as they do not reach the diseased tissues. The effort to use them aggravates the pain, and I think will keep up inflammation for some time, if judiciously used.

FOREIGN BODIES IN THE NOSE.

Not infrequently children are brought to a doctor to have a foreign body removed from the nose, after kind but misguided efforts on the part of parents, friends, or even some physician, who endeavored to remove the offending body, and, as a consequence, succeeded in pushing it farther back than it was in the first place. In these cases it is best always to give a few whiffs of chloroform, just enough to quiet the patient and have him hold still. With the aid of a head-mirror, throw a strong light into the nasal cavity, and determine, if possible, the size and nature of the body. If the size is not too great, the substance may be dislodged without much trouble by using a bent probe. An instrument that has served well in many cases is the bent hook, found in nearly every pocket-case of instruments. The use of

forceps will, in nearly all cases, increase the difficulty, and I have seldom seen a case where they were of any service. My favorite instrument is a hook with a long curve, and with a point sharp enough to penetrate a body of moderate hardness. With this I have removed young peaches, beans, shoe buttons, pebbles, etc., the curve being long enough to roll the harder bodies forward without losing the contact hold. If the body is not far back in the nostril, no efforts having been made to dislodge it, the following directions will often be sufficient. Close the free nostril firmly by pressure of the finger, and putting your mouth over the child's mouth, the mouth of the child, of course, being open, blow suddenly and with considerable force. This will often force the body out of the nostril. This method may not be as strictly professional as some of the others, but I have known it to succeed in many cases.

When a child is brought to the office with a discharge from one nostril, and if the child is right handed it will, in the most of cases, be from the right nostril, it is always safe to examine carefully for a foreign body, and in the majority of cases it will be found. A probe is one of the best diagnostic instruments in these cases that I know of. The nostril must be well illuminated. Never risk unnecessary destruction of tissue by groping in the dark. It is much better to allow the patient to go into some one else's hands than to make a diagnosis in the dark.

PERISCOPE.

ROWELL AND THE MEDICAL PRESS.

The Rowell Advertising Agency recently sent out a circular to the medical journals, asking for rates, as well as for the opinions of the editors concerning the merits of the "ripans" advertisement, a copy of which was inclosed. In *Printer's Ink*, for April 27th, appear a number of letters from the medical men and a list of those journals willing to accept the advertisement of the ripans tabules. It is evident that many of these letters were not intended for publication; as for instance, one Western editor offers advice as to the best way to "overcome professional prejudice against patent medicine." Dr. Boeteler of the *North American Medical Review*, seems to be over-anxious to get a contract. In his second letter to Rowell he says: "Please send a prompt response as I want to get in the field against hypocrites by hoisting the standard of ripans tabules."

As predicted in my last issue, a number of medical journals have expressed their willingness to carry the "ripans" advertisement, but I was surprised to find in the list such journals as the Medical News, Medical Standard, and the Journal of the American Medical Association. There seems to be some misunderstanding, however, regarding the latter journal, as I am in receipt of the following letter from Dr. Hamilton:

"Dear Sir,—I have your letter of the 29th inst. and in reply have to say that the publication of our statements in regard to *ripan tabules* is incorrect in all particulars, inasmuch as no letter was written to the Rowell Agency. I have communicated with *Printers Ink* in regard to the matter. Very truly yours,

"JOHN B. HAMILTON."

I am pleased to see the manly stand taken by the "Medical and Surgical Reporter," the "Iowa Medical Journal," "The Eclectic Medical Journal," and others. Dr. Scudder, editor of the last named journal, says in his reply:

"We would not care to insert your advertisement of the proprietary remedy under any consideration. As this is our position, we do not feel that is advisable for us to suggest any changes. We do not propose to knowingly take the advertisements of patent medicines or proprietary medicines which have been originated by or for the laity, and which are advertised and sold directly to the laity, and on this ground, regardless of the composition of your mixture, we decline your advertisement."

I wonder how Parke, Davis & Co. enjoy being used as a "testimonial," for the purpose of securing an advertisement of "*ripan tabules*?" and that, too, by a publisher with whom they have advertised continuously for ten years! What encouragement is offered to manufacturers of pharmaceutical preparations to remain within the lines of the medical profession? Are we not paving the way for lay advertising if we convert our journals into popular health magazines? What shall it profit us if we secure a few contracts, and a few hundred dollars, if we gain the contempt of the honest, legitimate pharmacist, who has supported the medical press for many years? To say nothing of the subscribers who should, and undoubtedly will, stop their subscriptions to all journals which do not close their pages against the notorious lay-press advertiser.

In the next issue of the *Journalist* will be afforded an opportunity to those editors who desire to define their position as to the acceptance or refusal of proprietary medicine advertisements which appear regularly in the daily press. I haven't the remotest idea that Rowell ever intended paying one cent in cash to the medicals. He simply wished to ascertain how his remedy "stood" with the professional journals; and, sad to confess, he found its standing above the average, and the itching palm cordially extended for an advertising contract.—*Medical Journalist*.

Army Appointments.

A committee from the Homeopathic Medical Society of Germantown, Philadelphia, recently waited on President McKinley, requesting that the Homeopaths be placed upon equal footing in the army and navy with the graduates of other schools of medicine. The President assured them there was no discrimination between schools. All graduates of regular medical colleges were equally entitled to appoint-

ments as surgeon and assistant surgeons in the army and navy, provided they passed the examination. All colleges are considered regular who hold charters legally granted by the State. There has been a great deal of misunderstanding about this matter which might have easily been removed by a simple knowledge of the facts. In the civil war there were scores of graduates of so-called Homeopathic schools of medicine in the surgeon's department, not as Homeopathic surgeons, but as surgeons and physicians free to practice in accordance with their best knowledge. And the same is true in the present war. School is not recognized in the army and navy, and the appointment is made not as Homeopathic surgeon, or Eclectic surgeon, or Allopathic surgeon, but simply as surgeon, a title broad enough to fill the entire bill. The rules of the department make absolutely no distinction between old and new schools, and the surgeon-general says the inquiry is never made at his office.—*Editorial N. Y. Med. Times.*

Digitalis in Organic Heart Disease in Children.

Dr. H. A. Hare, although not doubting the usefulness of digitalis in the heart lesions of children, believes that it must be given even more guardedly than in the case of the adult, and not uncommonly fails to do good. This failure seems to depend upon the fact that cardiac arrhythmia develops, and signs of auricular distension appear, so soon as enough digitalis is given to maintain the improvement desired. To such an extent has this been the case, that he has almost entirely given up its use in persons under puberty, and resorts to strophanthus in heart lesions and alcohol in heart failure resulting from the fevers, such as pneumonia.

From the reports of eight well known physicians the conclusion seems to be in favor of digitalis as a cardiac tonic in the valvular diseases of children, although the author still believes that its use should be more cautious, and that cases will be met with more frequently in which the drug will fail to act satisfactorily than in the adult. Some years ago he called attention to the value of strophanthus as a substitute. Of eight replies to the question whether strophanthus had done well in such patients, two were in the affirmative, and three placed it after digitalis.—*Therapeutic Gazette*, 1897, p. 227.

[One correspondent, while giving a negative answer, evidently offers the proper explanation for the failure of the others when he stated that perhaps a poor quality of the drug had been used.—R. W. W.]—*Am. Jour. Med. Sci.*

W. N. M.

Eclectic Medical Journal.

A Monthly Journal of Eclectic Medicine and Surgery. \$3.00 per Annum.

JOHN K. SCUDDER, M. D. MANAGING EDITOR.

ASSISTED BY THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

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Articles on any medical topic are solicited, which will usually be published the month following their receipt. One hundred reprints of articles of four or more pages, or one dozen copies of the Journal, will be forwarded free if the request is made when the article is submitted. The Editor disclaims any responsibility for the views of contributors.

THE PUERPERIUM.

I. THE PERIOD OF INVOLUTION.—The puerperium is understood to be the period of lying-in, or more especially the interum between the completion of delivery or the third stage of labor, and the return of the uterus to its normal size, or the period of involution of the uterus. This usually covers a period of nearly six weeks, during which time various changes occur, which should invite the careful attention of the physician, owing to the fact that much of the complaining and many of the diseases of the female have their beginning at this time, because of a lack of care and attention during the period, or allowing the patient to get up too soon.

Usually the expulsion of the placenta follows within the course of a few minutes to a half hour after the birth of the child; immediately afterward, under normal and favorable conditions, the process of involution or retrogression of the uterus begins. This may be readily determined by the contracting and resistant condition and ball-like hardness imparted by grasping the organ deeply through the abdominal walls. Thus, during the few weeks following parturition, the uterus undergoes a radical change, in which it is reduced from pounds to ounces, the process continuing until the organ very nearly resumes its former nulliparous proportions. Before leaving the parturient patient the physician should always satisfy himself, by deeply palpating the abdominal region, that the uterus is yielding to the forces of nature, and is firmly contracting. This condition insures, or at least favors, normal involution, and lessens, to a very great extent, the dangers of hemorrhage, septic infection, and troublesome after pains, to say nothing of the various ills and disturbances that may follow later on.

In the event, therefore, of atony or inertia, with the absence of the "croquet-ball"-like hardness of the normally contracting uterus, proper means should be used, and without delay, to secure permanent uterine contractions, and overcome the condition of inactivity. Creed's method, which consists in grasping the organ through the abdominal walls, in the region of the fundus or middle zone, and kneading forcibly and regularly until contractions respond, will usually be found

efficient and all that is necessary. In other cases the administration of ergot, in from one-half to teaspoonful doses, will be called for. It is often advisable to use it in conjunction with the kneading process for a time, after which it may be continued every half to one hour, until the uterus satisfactorily re-acts.

The application of the bandage and pad will be found in many cases a valuable adjunct to the treatment, favoring continuous and permanent contraction, owing to the direct support of the part. An ordinary muslin bandage, designed to conform to the parts, and sufficiently wide to extend from the pubes to the sternum, will answer. Some physicians prefer the manufactured abdominal supporters, as found upon the market; they answer fairly well, and are probably to be preferred in some cases. The pad consists of a compress of gauze or cotton placed beneath the bandage so as to induce more direct pressure in the region of the fundus.

The process of involution is frequently attended with considerable pain—after-pains, as they are called—particularly in nervous or rheumatic subjects, and more commonly in the multiparæ. They become more severe in the event of retained blood-clots, or small portions of secundal shreds, owing to the contractions assuming a more expulsive character. A Dover's powder will usually give relief; however, when there is a tendency to persist, macrotys, repeated every hour in small doses, should be preferred, or gelsemium when there is a spasmodic tendency manifest.

The physician should examine the perineum before leaving the patient that it may be repaired if necessary. He should direct as to the changing of the patient, and should proffer such advice relative to putting her to bed, and the subsequent lying in, as to render her as comfortable as possible.

The patient should be again seen within twelve to fifteen hours, and occasionally thereafter for at least three days. During these visits the condition of the pulse should be noted; likewise the temperature in case the pulse is increased. Soon after delivery, when the pulse continues over 100 there is said to be danger of a post-partum hemorrhage; this sign is called *McClintock's rule*.

Inquiry should be made as to the presence of pain, and if present, whether or not it is increased by pressure over the abdominal region, or attended by any indications of an approaching inflammation. The condition of the lochia should be ascertained, and care should be exercised that it continue normal with reference to amount, the absence of unpleasant odor, etc.; likewise the condition of the breasts and nipples, as well as the action of the bowels, should be inquired into.

By carefully guarding the conditions just mentioned, and early anticipating any symptom of trouble, serious consequences can often be thwarted. The woman should remain quietly in bed for about fourteen days, free from much company, excepting special friends whom she may desire. By this time the process of involution has advanced

to an extent that renders her getting up comparatively safe. Earlier than this, however, is always fraught with the danger of displacement of the uterus, as well as sub-involution, from which much chronic suffering is likely to follow, to say nothing of the pot-bellied condition that is quite likely to result from the relaxed, flabby, and pendulous abdominal walls.

R. C. W.

RIGOR MORTIS.

Rigor mortis, cadaveric rigidity, post mortem stiffening, the peculiar contraction of muscular tissue which occurs at death, is due to co-agulation of myosin or muscle plasma, and other proteid constituents of muscle. The condition manifests itself in two stages. In the first stage the muscles are rigid but still excitable, and restoration is possible. In the second stage there is no recovery, and rigor mortis advances as nutritive processes cease, and the power of response to stimuli is lost.

The period of onset varies from twenty-four hours to ten minutes, depending upon the muscular condition. Rigor mortis is generally complete four or five hours after its first inception. In those previously healthy who, while strong and healthy, suddenly meet death, as by accident, poisoning, suicide, or acute disease, nutritive processes persist longer, and rigor mortis may be deferred for twelve or twenty-four hours, and as its duration is in direct proportion to the time of appearance, cadaveric rigidity may continue two or three days or even a week. On the other hand, in those who die after long illness from exhausting diseases, rigor mortis may appear in ten minutes and pass away in an hour. In some cases post-mortem stiffening is said to be absent altogether, but was probably so transient as to escape notice.

Rigor mortis comes on more rapidly after muscular exhaustion; it begins earlier in involuntary than in striated tissue, in flexors before the extensors; is favored by warmth, retarded by cold. A very low temperature, by preventing coagulation of muscle plasma, may retard post-mortem stiffening for a long time or prevent it altogether. Rigidity will occur in paralyzed parts as in normal muscle. Cadaveric rigidity comes on more rapidly or is accelerated by administration, before death, of quinine, digitalis, veratrum, hydrocyanic acid, caffeine, chloroform, ether, mustard, ammonia, or alcohol. Post-mortem rigidity does not appear in the foetus before seven months gestation.

Rigor mortis begins in the lower jaw and proceeds downward, successively involving the several parts, the lower extremities, and occasionally the arms, being the last to become rigid. The disappearance of rigor is in the order of its appearance.

Sometimes the contractions of post-mortem stiffening cause a change in the position of the body or limbs—a fact which may at times be of medico-legal importance. In cadaveric rigidity—real death—the thumb, unless in some manner opposed, is drawn in upon the palm, and the fingers flexed over it; in other cases—feigned death—the thumb is extended.

As soon as rigor mortis passes, decomposition sets in. In adipose tissue, the walls of the fat cells disintegrate, and fluid fat escapes into the neighboring tissues. Connective tissue swells, becomes opaque, and liquefies. Decomposition of nerve fibers is marked by co-agulation of the white substance of Schwann. Cartilage, bone and hair resist putrefaction longest and are least affected by it. L. W.

OPPORTUNITIES IN THE PRACTICE OF MEDICINE.

It is sometimes said that the practice of medicine is over-crowded. The same complaint is heard respecting law, divinity, school teaching, agriculture, manufacturing and commercial business, and all the mechanical trades. It is true that a certain small proportion of those who graduate in medicine afterward drift into other lines of business, but the same phenomenon is to be seen in relation to all other forms and departments of industry. Of those who fail to win success in medical practice, and finally abandon it, a portion would fail under any circumstances. They do not become successful physicians simply because they prove to be imperfectly adapted to its duties and responsibilities. No walk in life offers the inducements to those qualified that the profession of medicine extends.

Even if we admit that America has more physicians than are actually needed, which, considering the sparsity of her population as compared with that of Europe, is extremely doubtful, yet it is well known that in reference to Eclectic physicians no such statement can be proved correct. There are now about 10,000 Eclectic physicians. From 1881 to 1898, both inclusive, the graduates of Eclectic colleges aggregated about 3,450, or an average of 181 per year. In 1898 there were only 148 graduates, owing principally to the increase in the requirement inaugurated in the last few years, raising the standard in 1892 from two to three years, and in 1897 from three to four years.

The number of Eclectic graduates annually is therefore barely enough to make up the deficiency in our ranks caused by death and retirement from practice. During the next four years, while the increased requirements are going into effect in the different colleges of all schools in the United States, the decrease in the total number of graduates of all colleges is variously estimated at from 25 to 33 per cent. There is now approximately one physician for every 700 inhabitants. In from five to ten years this ratio will undoubtedly change to one to 1000 or one to 1200, so that there is more actual inducement to financial success in the practice of medicine to-day than for years, and it will rapidly grow better.

In the Eclectic branch alone the conditions are and will be still more favorable to success than is shown by general figures. The United States is not at all adequately supplied with physicians of our school, nor is it likely to be for years to come. An examination of the medical directories of the United States will show that there are hundreds

of towns and cities in this country, having populations varying from a few hundreds to several thousands, in which there is not a single Eclectic physician ; besides, hundreds of other towns and cities in which there are abundant opportunities for additional physicians of our school. The well trained Eclectic medical graduate has every reason to anticipate for himself an honorable and lucrative business ; and we believe that the demand for Eclectic physicians is far greater proportionally than for physicians of any other school.

ECLECTIC PRACTITIONERS.

In the preceding article we call attention to the brightened prospects ahead for physicians in general. In this note we wish to add a word concerning Eclectics in particular. We speak advisedly when we say, that while at present with graduates of the allopathic profession the question is, where can I find a location ? with Eclectics the question is, which of the many openings offered will I take ? And this is but natural, for wherever an Eclectic physician practices, his patrons are pleased with the treatment. When an Eclectic retires, both his patrons and himself want an Eclectic successor. When an Eclectic physician dies, a vacancy is made for another Eclectic. The laws of our States are such now as to exclude the entrance of unqualified men, or men without diplomas. The total number of graduates of the Eclectic colleges will be about 150 annually. This number will not supply vacancies in our ranks. Theory indicates that young Eclectic graduates should be in demand ; fact demonstrates that the demand is greater than the supply. The man who holds an Eclectic diploma need not concern himself as to the opportunities for doing well. Our branch of the medical profession is not overcrowded.

CARBO-VEGETABILIS.

This is not the ordinary carbo-ligni, but a special preparation used with much satisfaction in the first decimal trituration by homœopaths and eclectics. The keynote to its use is pallor and debility, and is indicated by hemorrhage or a profuse secretion of any of the fluids of the body. In the carbo-vegetabilis case, the tongue is full and expressionless, the pulse is small and feeble, the skin is relaxed, the abdomen is tumid and doughy. Every feature of the body seems to have asthenia written boldly upon it.

Carbo-vegetabilis, the second decimal trituration, in from one to two grain doses, has been used for years with very great assurance in cases of the hemorrhagic diathesis. Just how or why it checks hemorrhage, we do not pretend to know or say, any more than we pretend to know or say why or how many other, or any other, remedies act. But we know that it does it. Thousands of other physicians know the same thing from actual experience. We have seen cases of the most violent, persistent nose bleed checked quickly by the administration of

carbo-vegetabilis. Occasionally it fails. The reason of failure is because the indications, or conditions calling for it as a remedy, are not present. Carbo-vegetabilis is *the* remedy for the hemorrhage so often encountered in low types of disease, no matter from what part of the body the blood may emanate. We frequently see such hemorrhages in pernicious anemia, in purpura, in typhoid fever, and in putrescent or gangrenous conditions, when it can be given with great confidence.

Carbo-vegetabilis has been highly recommended in hypersecretion of gastric juice with hyperacidity and flatulence, and in diarrhea with a profuse, brown, slimy discharge, accompanied by great tenesmus, and in pruritus pudendi, and bromidrosis, but our experience with the drug is based upon its use as a hemostatic, and that use of it is what we desire to call to the particular attention of JOURNAL readers at this time.

W. E. B.

SURGICAL NOTES.

INTESTINAL TUBERCULOSIS.—Intestinal tuberculosis is a very common sequel of pulmonary, miliary and other forms of tuberculosis. In the greater majority of cases of intestinal tuberculosis the cause is of metastatic origin; infection taking place either from the pulmonary lesion, or from infection from some of the larger joints of the body; notably the hip and knee joints. The glandular system also is a fruitful source in carrying infection to the intestinal track. The bacillus of tuberculosis may also enter the body through the medium of contaminated animal products. Many patients infect the intestinal track by allowing themselves to swallow their own sputa, and by this means they may infect every organ in the body. Physicians can do much by properly instructing their patients of the dangers of swallowing their own sputa to prevent this secondary infection.

In those cases of intestinal tuberculosis the pathognomonic symptoms are intestinal catarrh, soreness over the region of the abdomen, loss of abdominal adipose tissue, colicky pains following the administration of food, which also produces profuse diarrheal discharges, greatly weakening the patient, and in the severe forms of the disease hemorrhage of the bowels, from some intestinal tubercular ulcer: the patient also has that general anemic condition, so characteristic in tuberculosis, followed by rise of temperature in the evening, and profuse night sweats.

When the tubercular enteritis has progressed for a long time cicatricial tissue will have developed, producing stenosis of the intestinal track, which greatly complicates the recovery of the patient. Surgical interference in tuberculosis of the intestinal track, by way of opening the abdominal cavity—laparotomy—offers one hope of a curative nature. Why it should prove curative, or how, is a question that has not been fully decided; but that it does has been my experience in a great many cases. I attribute the curative effect from the surgical operation to the influence that it may produce upon the great sympathetic nervous system.

In most cases, however, I use quite freely of iodoform (the pulverized crystals), and carefully wipe out the abdominal cavity with iodoform gauze sponge.

* * * *

CARBID OF CALCIUM.—The use of the Carbid of Calcium in the treatment of uterine carcinoma, where there is much necrotic tissue, has been very highly extolled by a few gynecologists who have had some experience in its use. A small piece of carbid of calcium, about the size of the excavation of the carcinomatous tissue, is placed into the diseased uterine tissue after a careful curettage, and confined there by a packing with gauze, and allowed to remain for a day or so before its removal.

The hemorrhage or secretions of the necrotic tissue produces the acetylene gas, which entirely destroys the offensive odor in these carcinomatous cases. It is also claimed for this remedy that it has a destructive tendency, not unlike the action of formaldehyde, which has been recommended recently in the JOURNAL for use in these carcinomatous lesions. While it should not be claimed for a moment that either remedy will produce a cure of cancer, experience has proven that either remedy destroys the odor, and lessens greatly the destructive tendency of the cancer, and possibly in a measure delays its activities.

L. E. R.

ARALIA RACEMOSA—Spikenard.

Some years ago we believe this remedy held a more conspicuous place in the eclectic materia medica than it does at the present time. Many of the older eclectics made frequent use of it in preparing a number of their compounds. It is classed as an expectorant, a stimulant, alterative, tonic and diaphoretic. It is all of these and more, depending upon the case and the conditions under which it is prescribed.

Its sphere seems to be essentially in the pulmonary field. It is a most excellent remedy for cough, when it is wheezy and accompanied by constriction of the chest, and the expectoration of much tough, stringy mucus. It can be given alone, or it may be combined with, or alternated with, other so-called cough remedies that are indicated. However, *one* remedy, rightly chosen, is the best remedy, and the day will come when *only one* remedy will be given at a time. We hope to live to see that day.

Spikenard is an excellent remedy for the irritation of the mucous membrane so frequently found in chronic pulmonary affections. It is a remedy for bronchial catarrh, bronchitis and chronic pneumonia.

Spikenard has been recommended as an alterative in rheumatism, syphilis and in phthisis, and in chronic skin affections, but we believe there are better remedies for these affections.

Thirty drops of the specific medicine *aralia racemosa* are added to four fluid ounces of water. Of this mixture the dose is a teaspoonful every one to four hours.

W. E. B.

THE ECLECTIC MEDICAL INSTITUTE.

We make no display of vanity when we call attention to the fact that the Eclectic Medical Institute stands ready to give its graduates a professional standing that in itself is worth striving to obtain. It proposes to give an education that will establish the professional status of the recipient in any community where he may decide to locate. When a graduate of the Eclectic Medical Institute gives the name of his alma mater he need not go to any further trouble concerning its location or standing; an enviable record of fifty-three years has made them both known the country over. No graduate of the Institute need concern himself about the future of his alma mater; the old E. M. I. will be in the foremost rank. When rumors of irregularities in medical colleges come to the notice of a man holding our diploma he rests in unconcern, knowing full well that his alma mater is not involved. When he reads the history of the college of his choice he finds it a record of which to be proud, a record in which standing conspicuous are the names of successful men who have led thousands to success. When he reads the names of the present Faculty of the Institute he finds that it is composed of men who are conspicuous in every branch, and whose reputations guarantee the work we propose to do in the future. He who earns a diploma from the Institute holds a certificate of proficiency that is founded on a firm foundation and that in itself is a mark of honor to the recipient.

The graduate of the E. M. I. need give himself no concern relative to his right to practice medicine in any State of the Union. He need fear no State Board examination.

FRAUDULENT ADVERTISING.

The Governor of New York State has given effect to the law against fraudulent advertising passed by the State Legislature at the session recently closed. Following are the provisions of the Act, which appear ample to meet the class of advertisements aimed at, if the machinery exists for putting it into operation:

"Any firm, person or partnership of persons, or any employe of a firm, person or partnership of persons, who, either in the newspapers or other periodicals of this State, or in public advertisements, or in communications intended for a large number of persons, knowingly make or disseminate any statements or assertions of facts, with respect to his or her or their business affairs, especially concerning the quantity, the quality, the value, the price, the method of production or manufacture, or the fixing of the price of his, her or their merchandise or professional work, or the manner or source of purchase of such merchandise, or the possession of awards, distinctions, or the motive or purpose of a sale, intended to have the appearance of a particularly advantageous offer, which are untrue or calculated to mislead, shall be guilty of a misdemeanor."—*Canadian Pharmaceutical Journal and Pharmacal Gazette*, July, 1898.

Let us hope that this law will be strictly enforced in the direction of medicine. Persons making false claims concerning the origin, or misstatements concerning the conditions of remedial substances, should be prosecuted to the full extent of the law.

THE ART OF PERCOLATION.

In a few weeks the first volume of the re-written King's American Dispensatory, by Felter and Lloyd, will be in possession of our readers. In this connection it will please our people to note how one of the revisors, Prof. Lloyd, stands in the pharmaceutical world. One year ago, the *Pharmaceutical Era*, of New York, undertook to issue a course in pharmacy, each section to be prepared by a conspicuous pharmaceutical authority. The section on *The Art of Percolation* was entrusted to our Prof. Lloyd, and appears as Lecture No. 82 of the series. In introducing it the editor of the *Era* speaks as follows:

"With Lecture No. 82, on the Art of Percolation, by Prof. J. U. Lloyd, the first year of the *Era* course is brought to a close. Prof. Lloyd is the greatest living authority on the subject of percolation, and his lecture, which exhibits the same pleasing style and the same talent of description that characterizes his widely known literary productions, forms a fitting close to the first series of lectures."—*Pharm. Era*, June 30, 1898.

COLLEGE PHOTOGRAPHS.

We desire to call our readers' attention to the excellent photo-engraving of the present faculty of the Eclectic Medical Institute, on page 469 of this issue. We have made arrangements to secure a large photograph of this group, size 14x18, on extra heavy beveled cardboard, suitable for framing, which we can sell to any one desiring a copy at \$1.25 post paid.

CORRESPONDENCE.

Army Discrimination.

EDITOR E. M. JOURNAL:—I notice a paper in your Journal of July respecting Eclectic and Homœopathic physicians in the army. It is from the *New England Medical Gazette*. It is proper that this matter should be well discussed. In the last war the most disgraceful exclusiveness prevailed in most of the States. There were a few exceptions, as in Nebraska and in Pennsylvania graduates and professors from the Eclectic schools obtained positions. But Governor Todd, of Ohio, stood by the old school as firmly as Louis XIV, of France, stood by the Pope. I admit that it is consistent. It would be equally so to have no chaplain in the army or navy except a Roman Catholic priest. The two ideas go together, indeed are one.

Since, the endeavor has been made to put down this exclusiveness. Hon. Donald Cameron, of Pennsylvania, introduced a resolution into the Senate at Washington to give equal right to surgical appoint-

ments and impartially to graduates of any school; and some years afterward, a similar measure was proposed by Senator Call, of Florida. The Senate has recently adopted a resolution to the same effect, prohibiting discrimination.

ALEX. WILDER, M. D.

"Pasteur Cures." (?)

EDITOR E. M. JOURNAL—*Dear Sir:* In the *Journal le Medicine*, of Brussels, of the 15th inst., quoting the *Journal de Medicine*, of Paris, is given an account of a policeman of that city having been badly bitten by a mad dog. The next day he went to the Pasteur Institute, where he was treated for eighteen days, during all of which time he rigorously followed the prescribed treatment and was discharged cured.

"Last week," says the *Paris Medical Journal*, "he felt certain pains, which excited the suspicions of the doctor whom he consulted. That gentleman telephoned to the director of the Pasteur Institute, who replied that his trouble must be attributed to some other cause than hydrophobia, because he had left their Institute *completely cured*. At the end of two or three days, doubt was no longer possible; the case was clearly one of hydrophobia. He was taken to the hospital where he died last Sunday morning in frightful convulsions."

It is quite likely that this case will appear in the annals of the Pasteur Institute as one of their cures.

I have the honor to be, very respectfully,
New York, June 29, 1898. E. C. TOWNSEND, 19 Broadway.

HELENA, Mont., June 28, 1898.

EDITOR E. M. JOURNAL:—I have read with interest and pleasure the article by Dr. (I will not say professor, for in this country every one, from the man who holds down a chair in university or college all along down the line to the wretch who bangs the piano in the lowest dive in the city, is dubbed professor) L. E. Russell in the May number, on Abdominal and Vaginal Hysterectomy, and am gratified to note that he advocates the dry treatment of wounds, not allowing a drop of water to touch them. I think I may justly claim to have been the first to treat wounds by this method in this, and, as I then supposed, in any country.

In February, 1879, I published in the *Cincinnati Lancet-Clinic* an article on the subject, and some months later I learned that on the same day Mr. Samson Gamgee, of Queen's Hospital, Birmingham, published a paper in the *London Lancet*, advocating the same method. I corresponded with Mr. Gamgee on the subject, and he was kind enough to send me a book he had published the year previous on wound treatment, which I prized very highly. I was taking some chances in thus treating my cases, since it was contrary to the teaching of all authorities, and I was very glad to have the backing of such a distinguished surgeon as Mr. Gamgee.

For considerably over twenty years I have never, if possible to prevent, allowed water to touch an incised wound I wished to heal, and I am glad to see that the method is now generally recognized as the correct thing. A subsequent article was published in the same journal, Nov. 22, 1879.

C. B. MILLER, M. D.

ECLECTICS IN THE ARMY.—See "Society Notices," page 506.

BOOK NOTICES.

HYGIENE AND SANITATION. By Seneca Egbert, M. D. 12mo, 360 pages, with 63 engravings. Cloth, \$2.25 net. Lea Brothers & Co., publishers, Philadelphia.

The author shows great familiarity with his subject. For hundreds of years the medical profession has spent more time and effort in trying to find cures for disease, than ways and means to prevent it. This work is written in such a style, and the subjects are so arranged, that new interest will be stimulated by it in preserving health and preventing disease. In the second chapter of the work, the author has introduced a cause of disease, under the title of bacteriology, which has not appeared in other works on hygiene. The classes, culture, character, and results of bacteria are given at length, and much useful information is appended. Following this comes a discussion of the atmosphere, ventilation and heating, water, food, stimulants and beverages, personal hygiene, school hygiene, disinfection and quarantine, disposal of sewage, and the examination of air, water and food. All of these divisions of hygiene are thoroughly and instructively treated. The work will be a satisfaction to every one interested in these subjects.

J. E. S.

MODERN GYNÆCOLOGY: a Treatise on the diseases of Women. By Charles H. Bushong, M. D., Assistant Gynæcologist to the North-east Dispensary, New York City. Second edition, illustrated, 8vo, 392 pages, cloth, \$2.00. E. B. Treat & Co., publishers, New York.

This is one of the smaller works on diseases of women. While the work treats of the essentials of the subject, attention is more particularly directed to the non surgical side of the question. It is more especially designed for the general practitioner, the family physician, than the specialist, and to that end will be found satisfactory. With the present (second) edition, considerable new material and various additional illustrations appear. Several special chapters have been

added, among which may be noticed one on hygiene and exercise, treating of "Exercise for Women," "Bathing," "Bicycle Riding," "Dress," etc. . The present revision places the work before the profession as a thoroughly modern treatise in every detail. R. C. W.

SCRIBNER'S MAGAZINE. Monthly, 25 cents; \$3.00 per year. Charles Scribner's Sons, New York.

One of the best stories that Richard Harding Davis tells in the August Scribner's of the "Rocking Chair Period of the War" at Tampa is about a young officer who, "with a long iced drink at his elbow and a cigar between his teeth, gazed at the colored electric lights, the palm trees, the whirling figures in the ball-room, and remarked sententiously, 'Gentlemen, as Gen. Sherman truly said, war is hell.' "

PRIMITIVE CHRISTIANITY. Vol. 1. Containing the Lost Lives of Jesus Christ and the Apostles, Showing the Dawn of Christianity in Jesus Christ; Its Destruction by Martyrdom and Suppression; The Pagan Origin of the Roman Church; The Falsification of the Bible by Forgery, and the Authentic Gospel of St. John, with engravings of St. John, Jesus Christ and John the Baptist. By Professor Joseph Rodes Buchanan. Price \$2.00. Published by the Author, San Jose, California.

It is perfectly safe to say that this is the most ambitious book ever written. I am sure the author himself will agree to the truth of the statement. However, it is due the author to say that no marked sense of concession is evident in his dedication, which is to Jesus Christ. That the book is intensely interesting none will deny except those cold personages who refuse to see entertainment in anything which runs counter to their views. That it is instructive cannot be questioned, unless it is by ecclesiastical students who can not brook unorthodox competition. That its teachings are transcendently sweet and beautiful all must agree, and that its purpose is grandly good cannot be disputed.

Its conclusions are in line with those of our leading, religiously liberal thought-leaders. These conclusions are based upon monism, and find applicable expression in the comprehensive formula: The fatherhood of God and the brotherhood of man. This stops far enough short of agnosticism to hold that warmth and assurance which is necessary to the satisfaction of the religious instinct. The modern liberal religionist denies Christ's Godship, but does not entirely drop him out of consideration. He saves enough of his natural divinity to constitute a temporal anchor for those who must be anchored.

Dr. Buchanan denies that Christ is God, even as he denies such pretensions on his own part. He holds, however, that Christ was practically commissioned of God to introduce *true* religion into the world. Christ failed in this owing to the superior influence and finesse of the Romans. The Romans doctored Christ's utterances and those of the Apostles to suit the paganistic taste of the age. From this it follows

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CORDIAL PAS-CARNATA

Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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that all those scriptures which contradict pure morality (and the Bible is full of them) are spurious.

This latter is probably true. Indeed, it has to be true, unless God is finite and weak and malignant, or unless he had nothing to do with it, or unless there is no God.

Dr. Buchanan says that when it became evident to Christ that his mission would fail, his agony was overwhelming, but he stated with great emphasis that in the distant future and among a strange people another would rise who *would* succeed. With an earnestness that leaves no doubt of his profound conviction on this mighty matter Dr. Buchanan proclaims himself that one! If you doubt it he will furnish you plenty of testimony from such notabilities as Christ, St. John, St. James, and all the apostles, besides Elijah, David, Moses, Solomon, George Washington, Thomas Jefferson, Lincoln, and even Jackson. It is certain that Dr. Buchanan believes he is in close personal relationship with disembodied spirits, and that he frequently sees them and converses with them. In a burst of impatience over the stubborn ignorance of most of us, he says:

"It is difficult to restrain our indignant scorn for the pompous stupidity of the college, the pulpit and the legislative halls, which still ignore the glorious fact known to millions that death is but a transition to a higher sphere, and that there is no barrier between heaven and earth but human ignorance and the stubborn animalism of selfish minds."

Printed in large capital letters in his book is the Doctor's commission, which is as follows:

"A GREETING—SUMMER LAND.—The Savior of mankind has commissioned you with the greatest work yet seen or acknowledged upon earth. To you is given the great and ennobling work of establishing the spiritual faith, firm, solid and secure. No not one shall doubt the truth. The world shall bow down before it. We shall direct you among others. Proceed with thy work.—St. John."

We unregenerates will reject the Doctor's evidence, because it impresses us as the insane dreamery of a transcendental enthusiast. But oh, my friends, if we *could* accept his convictions about God and Destiny, how much happier most of us would be. If I owned the whole planetary system I would give it all to believe as Dr. Buchanan does. The perusal of his book leaves a sweet and gracious fragrance in the mind, whatever the reader's religious predilections. The ecclesiastical instructiveness of the book, together with the rugged force of its earth-plane logic, make it worth many times its price. I can conscientiously advise any person to buy and read the book. W. C. COOPER.

We have just received a 183 page price-list and Catalogue of goods manufactured by Sharp & Dohme, whose laboratories are at Baltimore, Md. A copy of this interesting catalogue will be sent to any subscriber of this Journal on request.

ADVANCE NOTICE.—KING'S AMERICAN ECLECTIC DISPENSATORY. New edition, entirely re-written and enlarged. By Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's *Materia Medica and Therapeutics*: President Ohio State Eclectic Medical Association, etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex-President of the American Pharmaceutical Association; Author of the *Chemistry of Medicines, Drugs and Medicines of North America, Etidorhpa*, etc. Two volume edition, royal 8vo, each volume containing over 950 pages, with complete indexes. Cloth, \$4.50 per volume, post-paid; sheep, \$5.00 per volume, post paid. Advance subscriptions received by the Scudder Brothers Co., Cincinnati, O., general agents.

DISEASES OF THE SKIN: Their Constitutional Nature and Cure. By J. Compton Bennett, M. D. Philadelphia: Boericke & Tafel. \$1.00.

The author believes that a sound skin is only found on a sound body; that as the skin receives its vitality from within, being fed from within, having in fact its health from within, its disease must necessarily come from within, and a successful medication must of necessity come from internal treatment. The doctor says, "The treatment of skin diseases as local affairs is, in my opinion, nothing less than a crime against humanity." The book consists in a recital of a large number of cases that he has treated wholly with constitutional remedies. He is quite opposed to any local measures. He also records a large number of cases where, by curing the disease by local treatment, the patient has suffered with a far more serious lesion, and which was only relieved by restoring to the skin the former eruption. The book is interesting from a clinical stand-point, and contains much that will benefit the reader.

R. L. T.

TREATMENT OF CHOLERAIC DIARRHEA. By Lambert Pharmacal Company, St. Louis, Mo.

This little book of 60 pages contains quite a number of articles on intestinal troubles that occur during the summer months, together with the author's favorite formulæ, each of which contains Listerine. The value of listerine as an antiseptic is generally recognized by the profession, and needs no words from me.

R. L. T.

THE LIVING AGE, published weekly by the Living Age Company, Boston, Mass. Single copies, 15 cts.; annual subscription, \$6.00.

This is one of the standard weeklies of the United States, and is particularly interesting at the present time, owing to the fact that many extracts are made from publications in this and foreign countries, showing the different views taken of the Spanish-American war.

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PROF. J. M. SOUDDER, M. D.,

WITH INDEX ARRANGED BY

PROF. W. E. BLOYER, M. D.

FOURTH EDITION.

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Medicine has been built, and upon which it rests
unshaken."**

EDITORIAL FROM E. M. JOURNAL.

ASEPSIN SOAP.

MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of alkalis and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges, and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere outside would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition than they have been for a number of years.

R. W. CHALFANT, M. D., Bellfontaine, O.

Have been using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge, N. Y.

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COLLEGE AND SOCIETY NOTICES.

Eclectics in the Army.

Is the medical corps of the United States army open to graduates of all reputable medical colleges, without regard to schools?

This question has been frequently asked by graduates of Eclectic and Homœopathic Colleges, and the answers have been so conflicting that many high in authority, in politics and medicine, are honestly in doubt about the true status of the various schools in their relation to medical services in the army. Many believe that graduates of "Regular" medical colleges only are eligible, and that the word "regular" is to be construed in the restricted sense to which it has been prostituted by a large body of the medical profession. Such a construction would be so obviously unjust to such a large body of worthy and patriotic citizens, that our broad minded and liberal Uncle Samuel could not tolerate it for a moment.

When the question came up with our first call for troops, I called upon Dr. Starling Loving, of this city, who is a member of the Board of Medical Examiners. The doctor assured me that the question of school had no part in the examination ; that the graduates of any school that could pass their examination would be accepted.

Knowing Dr. Loving's high character as a gentleman and a physician, I felt that as far as this State was concerned, the question was settled, and any Eclectic who could secure an appointment as surgeon or assistant surgeon in the volunteer army, would have no reason to fear unjust discrimination on account of school. Recently, however, a misapprehension has again arisen through the clause in the "circular of information" from the Surgeon-General, which says that the candidate must be "a graduate of some regular medical college." One of our bright young Eclectics felt himself debarred from appointment through the old interpretation of the word *regular*.

I again called upon Dr. Loring who generously went with me to Governor Bushnell, and explained the position of the Surgeon-General upon this point. And the Governor very kindly assured me that "schools" should not enter into the consideration of his appointments. Governor Bushnell has always dealt with those questions with a lofty liberality that has commended him to Eclectics all over the State.

I wrote to surgeon-general Sternberg in regard to this contention of *schools* in army appointments, and his reply should settle this vexed question forever. I quote from his letter of July 18, 1898 :

"In reply I am directed by the surgeon-general to say that no discrimination is exercised by the Secretary of War or Army Medical Examining Boards in the selection or appointment of army medical officers. A graduate of any regular medical college may receive an invitation to appear before an Examining Board, and the term regular is here used in its most comprehensive sense as indicating a college which is well equipped and prepared to cover the whole ground of the science and art of medicine in its teaching, and which is authorized by its charter to give degrees in medicine." * * *

"Appointments to the positions of surgeon and assistant surgeon in the volunteer army are made by the Governors of the States."

It is evident from this if any Examining Board discriminates against an Eclectic graduate, or a graduate from any other reputable medical college of any school whatsoever, it is done without warrant from the head of the medical department of the United States Army.

Dr. Loring informs me that an Eclectic passed their Board and would have received his appointment but for physical disability. Dr. E. B. Packer, of Ossage City, was appointed by the Governor of Kansas, and is now doing service for his country. During the war of the Rebellion we had a number of honored names on the medical roll of the army, and I trust that none of our men will feel that this door to honorable and patriotic service is closed against him.

The North-Western Ohio. Med. Eclectic Association met at Findlay, O., July 12, with about twenty-five members present from the different counties in the northern part of the State. The meeting was held at the Marvin Hotel, at Findlay, and many interesting clinical cases were presented to the Association by the different members of the Society, who always take advantage of this meeting to report cases, and to present clinics that are worthy of special interest and attention. The next meeting will be held at the same place in October. R.

PENNSYLVANIA ASSOCIATION.—The twenty-fifth annual session of the Eclectic Medical Association of Pennsylvania was held in the Supreme Court Room, Harrisburg, June 16 and 17, 1898. A fair turn out of members was present; five new members were admitted to membership. The usual routine of business was gone through with, and there seemed to be more life, more energy abroad, than we have seen for some time; members are beginning to realize the necessity of maintaining the State Association, that the cause of Eclecticism may not perish in the State of Pennsylvania.

The following resolutions were adopted:

Whereas, It is with deep sorrow we learn of the death of our associates, Johnson Dodge, M. D., and James L. Proper, M. D., who were active members of this Association; therefore,

Resolved, That by this dispensation of Divine Providence, the Association has lost two worthy members, who were capable practition-

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IT COSTS { together with the smallest, hand-
somest aluminum case that holds
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ers, highly esteemed by their associates for their social and moral worth.

Resolved, That the family of the deceased is assured of our mutual and heartfelt sympathy in this affliction and bereavement.

Resolved, That these resolutions be embodied in the minutes of the Association, and the charter draped in mourning until next meeting.

Resolved, That a copy of these resolutions be sent to the families of the deceased and to the E. M. JOURNAL for publication.

The following officers were elected for the ensuing year: President, Winter O. Keffer, Coalport; 1st Vice President, C. L. Johnstonbaugh, Bethlehem; 2d Vice President, J. M. Yeagley, Lancaster; Recording Secretary, John Raye, Philadelphia; Corresponding Secretary, J. W. White, West Alexander; Treasurer, J. Bangert, Shippensburg; Consulting Surgeon, J. M. Louthen, Somerset.

Board of Directors: Drs. W. O. Keffer, J. R. Borland, Henry Yeagley, Wm. Rauch, L. F. Crawford, J. M. Yeagley, Wood Fulton, G. D. Kughler, L. P. O'Neale, L. S. Livingstone, W. H. Blake.

Committees.—Executive Committee—Drs. Wood Fulton, Wm. H. Gordon, John Kaye, C. E. Spicer, L. P. O'Neale, Wm. Rauch, Henry Yeagley.

Arrangement Committee—Drs. L. P. O'Neale, W. H. Blake, John Kaye, J. W. White.

Committee on New Remedies—Drs. J. R. Borland, W. A. Kirk, C. M. Ewing.

Committee on Materia Medica and Therapeutics—Drs. W. H. Blake, W. O. Keffer.

Committee on Theory and Practice—Drs. S. G. Foster, John H. Hazen, John Kaye.

Committee on Obstetrics—Drs. John B. Borland, W. H. Blake, George A. Noon.

Committee on Surgery—Drs. J. R. Bangert, J. F. Fox.

Committee on Legislation—Drs. Henry Yeagley, L. P. O'Neale, Wm. Rauch, John Kaye, C. M. Ewing, M. A. Kirk, Augustus Niles.

The next annual meeting will be held in Harrisburg, at the time of the convening of the Board of Examiners.

The Eclectic Medical Round Table, and organization composed of West Virginia and Ohio Eclectics, met in Wheeling July 7th. The meeting was in every way enjoyable and profitable. The following officers were elected: President, G. H. Kemp, M. D., Barnesville, O.; 1st Vice President, Mary Barron Monroe, M. D., Wheeling, W. Va.; 2d Vice President, J. M. Hensley, M. D., Martin's Ferry, O.; Rec. Secretary, J. J. Burton, M. D., Martin's Ferry, O.; Cor. Secretary, L. S. Riggs, M. D., Wheeling; Treasurer, J. A. Monroe, M. D., West Alexander, Pa. These officers constitute the Executive Committee.

Committee on Credentials—Drs. J. A. Monroe, H. G. Lozier, J. M. Hensley.

Finance Committee—Drs. J. N. Manley, H. W. Lindsay, N. D. Jobs.

Meetings are held on the first Thursday of May, July, September, November, January, and March.

The Eclectics of Brown, Clinton, Morrow and Highland counties, Ohio, are organizing a medical society to be called the South-Western Ohio Eclectic Medical Association. Professor Watkins is at the head of the movement.

PERSONALS.

MARRIED—At Napoleon, Ohio, A. Raleigh Russell, M. D., E. M. I. '98, to Miss Sadie Webster. We extend our congratulations to the young couple.

DIED—At Bellefontaine, Ohio, June 16th, Dr. James Cooper, aged 77 years. Dr. Cooper was born in Westmoreland County, August 3, 1821, and has practiced medicine in Bellefontaine over 42 years. He was the oldest member of the Ohio Society, and joined at its organization.

ARMY APPOINTMENTS.—Dr. Luther F. Crawford, of Tyrone, Pa., a graduate of the E. M. I. 1890, has received the appointment of First Lieutenant in the Sheridan Troop, Cavalry, Penn. Vol. He was stationed at Mt. Gretna, Penn., and is now at Governors' Island, N. Y.

Dr. Emil Aurin, E. M. I. 1897, is now hospital steward with the Indiana troops at Camp Alger, Va.

Dr. T. E. Halbert, of Nashville, E. M. I. 1893, is now in hospital service with the volunteers from Tennessee.

Good country location, where an Eclectic can make from \$100 to \$300 each month. For particulars address, with stamp, Dr. E. H. Gregg, Banquo, Ind.

Norfolk, Nebraska, a prosperous town of 4,500 population, will be a good location for a live Eclectic, as I intend to leave here September 29, 1898. They can make from \$150 to \$300 per month. Address all inquiries to P. O. 355.

For a good country location address Dr. E. J. Libbert, Farmers' Retreat, Dearborn Co., Ind.

Dr. J. D. Smith, class of '98, is located at Pleasant Plain, O. He is starting off nicely,

Dr. Wilbur James, of Leesburg, Ohio, is the whole thing up there, and could not practice without the E. M. Journal.

Dr. O. A. West is doing battle for specific medicine at Sabina, O.

Dr. C. H. Stout, class of '97, is pleasantly located at New Vienna, Ohio, where he is getting more than his share of practice.

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Dr. W. K. Ruble, class of '90, is succeeding in convincing the people of Madisonville, O., that pleasant medicine for direct effect is just what they need. The doctor is busy day and night.

Dr. J. M. Baldwin is building up a lucrative practice in Blanchester, O.; eye and ear is his specialty.

Dr. J. H. Norman is one of our stirring men at Blanchester, O. The doctor has an extensive general practice, and is always busy.

Drs. J. W. White and F. L. Knox, E. M. I. '98, both passed the Pennsylvania Examining Board, with an average grade of 90. Dr. White will take the practice of Dr. J. A. Monroe at West Alexander, Pa.

On April 21st, Dr. Marietta Grant, class of '91, Ec. Med. College of the City of New York, was appointed Medical School Inspector in the Borough of Queens, New York.

Dr. T. W. Miles, E. M. I. '75, continues on in the even tenor of his way, at 17th and Stout streets, Denver, Col. He has a very pleasant and profitable business.

Dr. Wm. M. Young, E. M. I. '97, has recently located at McLean, Ill., a bigger and better place, and is doing well. He was and is an excellent student.

We see in the *Orlando Herald* that Dr. E. G. Sharp, E. M. I. '94, of Orlando, Ok., has been appointed U. S. Pension Examining Surgeon.

Dr. Bert Coffey, E. M. I. '95, is doing nicely at Laurel, Ind. He is a U. S. Pension Examiner and Secretary of the Laurel Comm'al Club.

Dr. C. E. Stadler, E. M. I. '96, is enjoying life with a very good business back of it at West Cairo, O. He says: "Am using Eclectic means and methods, and can say emphatically that they have never failed to be successful thus far in my practice, which is growing continually." This is good testimony.

Dr. A. D. Tilden, of Riverside, Cal., is examiner for the Des Moines Life Association.

Dr. L. D. Bailor, Bennett, '88, continues in his successful peripatetic in and around Lead City, Colorado.

READING NOTICES.

Very seldom do I say anything for a preparation that might be used as a testimonial, but I feel that I have sufficiently tried Unguentine to lend a word of encouragement to its varied uses. I used it almost exclusively in a case of severe conjunctivitis, due to strong caustic Silver Nitrate with the most gratifying results.

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Chrysophranic Acid, used for a ringworm. We use Unguentine exclusively in our family for all sores, bruises, diseases of the skin (including parasitic troubles) and mucous membranes, such as hemorrhoids, etc. We have equally as good results in general practice. I treat all my cases of operative hemorrhoids with Unguentine, successfully.

E. P. GATES.

COCA ERYTHROXYLON.—We need not enter into a full description of the history of the Erythroxyton Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. M. Mariani was the first in Europe who took up the study of the plant, and over 35 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pate Mariani," "The Mariani," "Pastilles Marani," etc., preparations which are known all over the world, and which have acquired their well known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palpable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired.—*The Provincial Medical Journal, London, Eng.*

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ORIGINAL COMMUNICATIONS.

NERVOUS DISORDERS OF THE HEART.†

By T. Willis Miles, M. D., Denver, Col.

THOU center of life! home of the affections, where love has its birth, and where malice and hatred take up their abode! Thou fountain from which may flow pure aspirations, holy and altogether lovely, or from whose portals may creep designs most devilish and dire! Thou lump of flesh through whose gateways pours the rich current of life, and upon whose faithful work and diligence untiring our very existence depends! Thou arbiter of destinies, whose fibrous veils separate the fluid of life and exuberant existence from lethe's liquor carbon laden!—to thee we now do humble homage pay, and to thy subtle action attention give.

Nervous disorders of the heart occur very much more frequently than those of an organic nature. It would be quite difficult to find a person who has reached the age of forty years, who has not, at some period of his existence, had more or less trouble with his heart—many times so slight as scarcely to be recognized, still the derangement was there.

As a rule, nervous disorders of the heart are not nearly so serious as organic diseases are, yet it is a notable fact that the effect on the mind of the patient is much more marked in functional than in organic trouble. Many a man has reached the meridian of life entirely unconscious of any derangement of the mechanism of his heart, only to be surprised when told by some examiner for life insurance that he has serious valvular lesion, or some other organic change. Only last week, while examining a man for admission to a camp of Woodmen of

† Read before the National Eclectic Medical Association at Omaha, June 23, 1896.

the World, I discovered quite severe aortic stenosis, accompanied with marked hypertrophy. This man was thirty-three years of age and otherwise a man of fine physique. He was very much astonished when I told him of his condition, saying that he had never had any heart trouble. My diagnosis was confirmed by Drs. Hall and Stenhouse, of Denver. On the other hand, I have examined many cases who were positive that they had really dangerous heart disease, only to find every sound of the heart normal, and absolutely no evidence of any organic change. Yet, from the history given, there had been undoubtedly much functional derangement.

In order that we may understand the nervous disorders of the heart it may be well to glance briefly at its *nerve supply*. This is derived from both the sympathetic and the cerebro spinal nervous systems. According to Luschka, the cardiac branches of the vagus receive filaments from the spinal accessories, branches from a cervical ganglion (often all three ganglia), the first dorsal ganglion, some branches of the pulmonary plexus, and occasionally a branch from the descending part of the hypoglossus.

Intra-cardiac ganglia are found in the septum between the arteries as they leave the heart, and around the coronary arteries; in the auriculo ventricular groove, and around the entrance of the vena cava into the auricle. Remak's ganglion occurs in the frog, and probably in other animals, in the sinus venosus. The most careful search has revealed no ganglion in the ventricular septum or apex. According to Remak, these ganglia are probably automatic and inhibitory, while Bezold & Traube think they are also accelerating in function. This has been largely determined by the varied action of cardiac poisons, especially alkaloids. (See *Dublin Journal of Medical Sciences*, October, 1883.)

These ganglia can only be seen with the microscope, and consist of scattered unipolar cells. They are more or less intimately connected with one another and with the external cardiac nerves. The strongest ganglionic center lies in the auricular septum. If this be paralyzed by opium, the cardiac contraction is reversed, and passes from ventricles to auricles.

From experiments with local cardiac stimuli made by Schelling, See, Martin, Rohrig and others, and reported in *Philosophical Transactions*, Royal Society, page 663, we get some curious and useful points. The excised heart of a terrapin, which has just ceased to beat, can be made to pulsate again rhythmically after pricking it with a needle at regular intervals. The excised heart is more easily excited by a stimulus applied to its inner than to its outer surface. In the mammalian heart the auricular and ventricular muscular fibres are entirely independent of each other, and hence any influence exercised by the auricles over the ventricles is a purely nervous impulse. The heart entirely deprived of blood will still beat rhythmically aside from the body, and yet the ligation of one coronary artery in a dog in two

minutes causes the regular cardiac contractions to give place to fibrillar twitchings. The ventricle is first and chiefly affected whose coronary has been ligated.

There seems to be a certain amount of reserve energy in the heart, called into play to overcome the altered stimulus of pathological conditions. The excised heart is excited to livelier action by direct stimulation of the intra-cardiac ganglia, but is sooner exhausted and comes to rest. The heart beats longest in pure oxygen, and stops very soon in an atmosphere of chlorine or carbon dioxide. External pressure over the heart causes it to beat more vigorously or alters its rhythm. This is noticeable where a distended stomach presses the diaphragm against the heart. A blow on the abdomen will stop the heart of a frog by reflex inhibition conveyed through the sympathetic nerves. The heart may be stopped by severe pain, or in some persons momentarily by a full inspiration, by which the intra-thoracic pressure is altered. Considerable variations in arterial pressure have no effect upon the pulse-rate of the isolated dog's heart. Severe hemorrhage increases the frequency of the pulsations. Moderate heat applied to the excised heart greatly increases the rapidity and force of action. In fevers, the warmer blood may be a cause of increased frequency of the pulsations. Cold slows the heart's action. Cold blood injected into the circulatory system of a dog reduces the pulse-rate decidedly. Bile-acids present in the circulation cause slowness and feebleness of the heart's action. I have had a very marked instance of this recently in a case of jaundice where the pulsations were reduced to 40 per minute, and could not be brought up to normal until the blood was freed from bile.

If the pneumogastric nerve on one side be stimulated or compressed, the contraction becomes more forcible and the period of rest is prolonged. If the stimulus is increased or applied to both vagi, the heart will stop in full diastole. If the nerves extending to the heart from the lower cervical and first dorsal sympathetic ganglia be stimulated, the rapidity of the heart-beats is increased.

The action of the vagus is regarded as controlling or inhibiting the accelerating impulse of the cardiac ganglia, with which its terminal branches no doubt connect. Gaskell thinks the vagus is the trophic nerve of the heart, and that a few accelerator fibers probably exist in it. Afferent impulses travel from the heart to the medulla along the cardiac branch of the superior laryngeal nerve. Irritation of the central end of this nerve diminishes arterial pressure, but has no effect on the frequency of the heart-beats. A nerve center exists in the floor of the fourth ventricle which, when irritated, produces the same effect as irritation of the vagus. Probably some of the fibers of the vagus have their origin in this *inhibitory center*. Atropia paralyzes all inhibitory action upon the heart; hence it is to be thought of as a remedy when the pulse is too slow.

Bezold describes an extra-cardiac accelerator center, which furnishes

impulses that travel along the spinal cord to the last cervical and first dorsal ganglia, and thence to the heart. Wagner claims that the cord itself acts as an accelerator center. According to Foster there is no evidence of the natural activity of the accelerator nerves, and they are not antagonistic to the vagi, although they may be controlled by them. These extra-cardiac centers are very near the respiratory center, and it is probable that they too are influenced by the amount of oxygen contained in their blood supply.

The *ultimate cause* of the heart beats is entirely unknown. The mechanism is seen to be very complicated, and to be only partially under the control of extrinsic stimuli.

Francois-Frank calls attention to the fact that the vagus fibers, when stimulated, not only slow or inhibit the contractions of the heart muscle, but remove the previous tonic condition of the muscle, causing a relaxation greater than the normal diastole. He therefore thinks that purely nervous influences may ultimately produce an atonic condition of the heart musculature, leading secondarily to organic troubles, such as auriculo ventricular insufficiency.

The results of some very interesting experiments conducted by Wertheimer and Colas, the effect upon the heart of injecting nicotine into the veins of a dog, was that of accelerating its action, due chiefly to its direct effect upon the intra-cardiac ganglia.

The principal conditions in which we most frequently have nervous disorders of the heart are those of hysteria, chorea, shock, fright, or where the emotions are unduly excited. There are other causes always to be considered, as reflex nerve influence from disturbances in other and remote parts, as the liver, stomach, uterus, ovaries, testicles, etc., as well as the influence of heredity.

It is quite common, in hysterical subjects, to find the heart either beating tumultuously or so feebly and irregularly as to make it difficult to detect its pulsations. This faulty action is invariably overcome as soon as the hysterical manifestations are relieved. These patients usually believe that they have serious heart disease, and attribute all their "spells" to the heart.

Chorea is sometimes accompanied by functional disturbance of the heart, but organic disease is present in a much larger proportion of cases. As the result of an analysis of one hundred cases of chorea made by Bullard, forty seven were found to have more or less abnormality of the heart. Twenty-seven of these were organic lesions, valvular or endo-carditis. In seventy-three cases reported by Jeffries, there were twelve cases of organic heart trouble, and a few cases of functional derangement.

In shock we have a well marked instance of nervous derangement of the heart. He who has witnessed the distressing symptoms of severe shock will not be likely to forget them. The pulse is feeble, quick, irregular, or perhaps entirely absent. The sounds of the heart are indistinct or inaudible; the respiration is faint, sighing and slow;

the features are pinched and shrunken, the lips pale and livid, the eyes dull and sunken and often turned upward, the pupils dilated and sluggish; the skin is pale, cold, and clammy; the sweating is at times profuse, the extremities cold, and the nails purplish. The patient lies perfectly still upon his back, too weak to move, and almost too weak to breathe.

In other instances, the patient is extremely restless, throwing himself about, first in one position and then in another, but easy in none. Tossing the arms, gasping for breath, and calling for water, are unfavorable symptoms attending a severe hemorrhage. Travers calls this restless stage "prostration with excitement," and the term exactly expresses the condition.

It has been demonstrated by experimental physiology that in shock there is a reflex paralysis of the heart and abdominal vessels, through the medium of the vaso-motor system. The slow, feeble, or almost annihilated pulse, the pallor of the lips and coldness of the extremities, the mental hebetude, the anæsthesia of the surface, the relaxation of the sphincters, the lessened secretion of urine, etc., all indicate the effect of a more or less severe paresis of the heart and vessels.

Mansell-Moullin says, "Shock is an example of reflex paralysis in the strictest and narrowest sense of the term, a reflex inhibition, affecting all the functions of the nervous system, and not limited to the heart and vessels only."

The effect of the mind upon the action of the heart is well known. Fright has been known to stop the heart. Launder Brunton relates a remarkable case, in which some medical students, becoming displeased with the janitor, seized him and made him believe that they were about to execute him. He was blindfolded, made to kneel before a block, and was then struck a smart blow upon the back of the neck with a wet towel. To their horror and amazement, on removing the bandage, the man was dead, literally frightened to death.

Discouragement, grief and despondency, all tend to slow and enfeeble the action of the heart; while joy, cheerfulness, and contentment cause the heart to beat more regularly and with greater strength. Verily, "A merry heart doeth good like a medicine."

Reflex irritation from disease of some distant organ is quite frequently at the bottom of functional heart trouble.

I had one patient, a married lady about thirty years old, who had such severe palpitation followed by slowness of the heart's action as to wholly incapacitate her for her duties. This condition had existed for over a year, and in spite of all my remedies, she was gradually growing worse. She was entirely relieved by a thorough stretching of the sphincter ani, under chloroform, and has remained free from any heart trouble ever since, a little more than three years.

Probably the most common cause of functional disturbance of the heart is indigestion, with the accumulation of gas in the stomach. This is so universally the case that I never undertake the treatment of

any heart disturbance of nervous origin without looking sharply after the stomach and its functions.

In looking after the cause in any case of nervous disorder of the heart, every organ of the body should be passed in critical review, and sometimes we discover the cause where we least expect to find it.

The functional disorders of the heart have been classified into two principal causes, the first relating to force and the second to frequency. In the first we may have (*a*) over-action, simulating hypertrophy, or (*b*) feeble action. In the second classification, (*a*) infrequency or slow heart, (*b*) too frequent pulsations (tachycardia), (*c*) irregular action or palpitation.

According to Rendu, some cases of angina pectoris are symptomatic of organic lesion, while others form part of a neurosis, and in the latter are more alarming than dangerous. The functional form is characterized by these symptoms: 1. In being nocturnal without exciting cause. 2. In being frequently preceded by a peripheral aura. 3. In the pain being more diffused and often associated with an intense hyperesthesia of the precordial region. 4. In being accompanied by a disordered action of the heart, not by a slow pulse, with a sobbing respiration, and sometimes with a loss of consciousness, as in grande hysteria. 5. In being more frequent than true angina. The influence of menstruation and of mental disturbances illustrate still more the neurotic character of the attacks.

Too frequent action of the heart, outside of cases of fever, or those instances of rapid pulse from feebleness of the heart's contractions, and emotional excitement, such as fright, etc., is called tachycardia. Dr. H. C. Wood treats of this condition under the title of "Cardiac Nerve Storms." This term suffices well, for the purpose of the clinician, to designate a great, sudden disturbance of the nervous system, either sensory or motor, which comes and goes like a tempest in the world about us. These nerve storms may be divided into those which are sensory and those which are motor. In the first class pain is the chief manifestation, and in the second, movement is the striking feature. Many authors think that angina pectoris is always the result of a more or less obscure lesion of the structure of the heart, while probably a majority of writers believe that in a large percent of cases there is no organic disease. To the second class of cases in which the disturbance is purely motor, the name tachycardia is applied. The term is restricted to those cases of violent heart action, the cause of which is not obvious. Usually these cases belong to one of three classes: 1, those in which there is paralysis of the pneumogastric or inhibitory nerve; 2, those in which the cardiac disturbance is reflex; and 3, those in which the affection may be considered as a neurosis.

Doelger, in 1883, reported a case of appoplexy of the inhibitory center in the medulla, in which the pulse ran up to 168. The nerve may be pressed upon by cancerous or other tumors, or in some cases of diphtheria there seems to be a peripheral neuritis involving the vagus.

Irritation of a sensitive nerve may cause slowing of the heart by stimulating pneumogastric. Cases of reflex tachycardia are rare. Romnelaere reports a case in which an extremely rapid cardiac action was attributed to the irritation of biliary calculus. Several cases are reported in which a pulse of 200 to 250 was believed to be reflexly caused by irritation of the female sexual organs. Violent emotion may produce at once an excessive tachycardia, which is liable to recur afterwards without obvious cause.

Dr. Wood reports a case at length in which attacks began in a vigorous man of 37, after he had received a sharp shock by stepping from a piazza to the ground, which was further off than he thought. The attacks would begin very suddenly, and often lasted several hours. The pulse would rise to 160 or 200, and yet with so little general disturbance that he could write or walk about during the attacks. At times the paroxysms could be stopped by rapidly drinking a glassful of cold water or a cupful of hot coffee, or by producing emesis, but after a while each of these measures would fail. In 1890, at the age of 87, he was still a vigorous man, but the attacks occurred almost daily. At first, between the attacks the pulse was 70, but in later years it was 52 per minute.

The lamented Dr. Melvin McPheron, with whom many of you were well acquainted, while occupying offices with me in 1892, had several attacks of tachycardia. His pulse would suddenly rise to 140 or 160 per minute without any apparent cause, and remain at that rate from 12 to 48 hours, when it would as suddenly resume its natural frequency of 72. The only unpleasant symptoms produced were general lassitude with inability to concentrate the mind upon any object or study. Dr. McPheron was of a rheumatic diathesis and died in August of 1897 of apoplexy, probably embolism of some cerebral artery from endocarditis. The nature of this curious affliction is a difficult and interesting problem.

The aggregated facts seem to strongly indicate that the tachycardia paroxysm is caused by a discharging lesion affecting the centers of the accelerator nerve. In lectures published in 1897 by Francois-Frank, he asserted that any great increase in the pulse, which, in the animal, is produced by stimulating the accelerator, is not accompanied by any increase of the arterial pressure nor by augmentation of the work done by the heart, and that this is because the acceleration of the heart's action is primarily due to shortening of the diastole, and that therefore during the heart's systolic contraction so little blood is expelled from the heart that the aggregate amount which passes through the ventricle during a minute is not increased. These conclusions are generally adopted by Foster and other physiologists, and if correct, as seems almost certain, the accelerators have no trophic relation to the heart, and it is evident why rapidity of the pulse, solely due to accelerator irritation, should produce little effect upon the heart and general system.

In the treatment of nervous disorders of the heart there is not much to be said in a paper of this character. Each individual case requires close and critical study and investigation as to the *cause* of the disturbance. This is frequently obscure, but it is important that it be removed before satisfactory results can be obtained. When the cause is removed, the system can be helped back to a normal state by the administration of remedies along the line of "Specific Medication," following the indications for any remedy that may be present, whether it is classed as a heart remedy or not.

OUR FIRST FACULTY.†

By Prof. H. W. Felter, M. D., Cincinnati, O.

Mr. President and Fellow-doctors :

According to the program, I am expected to say something concerning the faculty of the Eclectic Medical Institute. To attempt to say anything concerning the present faculty would be presumption on my part. Therefore, I have selected as my subject, *Our First Faculty*, hoping that a brief sketch of the men who first filled our college chairs might be of interest to the members of this association.

The *Western Medical Reformer*, of March, 1845, page 154, under the heavy black display title, ECLECTIC MEDICAL INSTITUTE, contains the following announcement :

"We have the satisfaction of announcing to our friends and to the friends of scientific medical reform, the passage of the bill erecting the Reformed Medical School into a college with the above title."

On page 157 is announced the organization meeting of the board of trustees, which, in turn, proceeded to appoint a faculty of six members, composed as follows :

B. L. Hill, M. D. to the chair of Anatomy.

T. V. Morrow, M. D. to the chair of Physiology, Pathology, Theory and Practice.

H. Cox, M. D. to the chair of Surgery and Medical Jurisprudence.

L. E. Jones, M. D. to the chair of Materia Medica.

Jas. H. Oliver, M. D. to the chair of Chemistry and Pharmacy.

A. H. Baldrige, M. D. to the chair of Obstetrics and Diseases of Women and Children.

Besides these regular chairs Drs. Morrow and Cox were to lecture upon Clinical Medicine and Surgery.

Such was the personnel of our first faculty. Of these, the leading spirit—the promotor and dean of the institution—was Thomas Vaughan Morrow. Information regarding these men is not abundant, and in this paper I have attempted but little more than to briefly consider the leading men of this group. Of Drs. Cox and Oliver, history tells us comparatively nothing except that the former was a graduate of the Medical College of Ohio, and that the latter graduated from the

† Read before the Alumnae Association of the Eclectic Medical Institute, May 10, 1898.

medical department of the Transylvania University at Lexington, Ky. These institutions were of the regular persuasion. The last named was the first medical college established west of the Alleghenies, and became extinct in 1859; while the first was the second college in the West, and still exists.

THOMAS VAUGHAN MORROW, M. D.—When in May, 1830, the Reform Medical Society, of which Wooster Beach was president, expressed in a resolution, the expediency of establishing “an additional medical school in some town on the Ohio River, or some of its tributaries,” Thomas Vaughan Morrow stepped forward to emancipate the West from medical bigotry. Through the combined efforts of Bishop Philander Chase and Col. James Kilbourne, a university charter was obtained in 1832 for a medical school at Worthington, Ohio, and Dr. Morrow, though a young man, was placed in charge. He threw himself into the work with such zeal and spirit that he soon gathered around him a body of competent associates, some of whom have become inseparably linked with the history of the greatest medical reform of modern times. The new school, under the master-hand of Morrow, who possessed great firmness of purpose and rare executive ability, prospered remarkably, until the seven-year financial crash, beginning in 1837, compelled its intrepid leader to curtail expenses, discontinue the issuance of the *Western Medical Reformer*, the official organ of the school, and to close the infirmary in connection with the institution. Internal dissensions and the green eye of jealousy came in for a share in wrecking the undertaking. Though sued in the courts, and in the face of the opposition of medical opponents, and a suspicious populace, culminating in a mob attack upon his school, Dr. Morrow remained steadfastly at his post, even after his colleagues had forsaken him. For ten turbulent years he remained at the helm as president of the infant institution.

Notwithstanding that many felt that the cause of medical reform was crushed, the hopeful spirit and indomitable will of Prof. Morrow would not entertain the idea of a lost cause. In fact, he never regarded the Worthington enterprise as a failure, and time has abundantly proved that, though apparently a hopeless undertaking, the school had been in operation long enough to disseminate far and wide through its graduates the new principles and practices of the reformers, and in its death it only awaited a resurrection elsewhere.

The school having closed, Dr. Morrow was persuaded to remove to Cincinnati, where his restless desire to further the cause led him to at once plan a second institution, which finally became our alma mater, the Eclectic Medical Institute. Here Dr. Morrow bent all his energies to accomplish his task. After delivering courses of lectures for two years a charter was obtained, and the first faculty appointed with Prof. Morrow as Dean, in which capacity he served until in 1850 his useful and eminent career was cut short by a fatal attack of dysentery.

Dr. Morrow was a handsome man, as may be seen from his portrait

upon the wall before us. He was a man of excellent judgment, uncompromising honesty, and an exceptionably successful practitioner.

Before becoming dean of the faculty he had delivered about forty courses of lectures, consequently his ripe experience as a teacher served him to good advantage before the rapidly increasing classes at the Institute.

In his teaching he had embraced the whole range of college departments. Though it has been said that Dr. Morrow wrote but little, the pages of the *Western Medical Reformer* are replete with sound and well written articles upon the principles and practice of the new movement and upon the treatment of diseases, and fairly bristle with pointed editorials from his pen. After his death his writings upon diseases and their treatment were collected and published, together with his own, by Dr. Ichabod Gibson Jones, his former associate in the medical school at Worthington, under the title of *Jones and Morrow's Practice of Medicine*.

Of the character and attainments of Prof. Morrow, let a committee of five expressing the "Sentiments of the Medical Class" reply:

"Dr. Morrow we consider profoundly versed in all that pertains to his department—as one vast digester of the medical doctrines of the age—and as amply competent to make plain, philosophical, and instructive what hitherto in pathology has been but confusion, contradiction and absurdity. We regard his almost unparalleled experience in the various modes of medication, at the bedside of the sick—his scientific acquisition in the department of practice, and his long and laborious experience as professor, as having so qualified him for the duties of his chair that he is placed above comparison, and is regarded by this class, and will be regarded by subsequent classes and the profession at large as a man of rarest talent, a teacher of the greatest success, and a pillar in whose sustaining capacity the E. M. Institute can confide in all the storms she may encounter from jealousy, envy or malignity, as she rises to an inestimable position in the work of medical reformation."

Before Dr. Morrow's death his chair was divided, Dr. Joseph Rodes Buchanan, now living in California, taking Physiology, Institutes of Medicine and Medical Jurisprudence, and after his death Pathology and Theory and Practice of Medicine was taught by Dr. Morrow's life-long friend, Dr. I. G. Jones.

HIRAM COX, M. D.—Of Dr. Hiram Cox, who occupied the chair of Surgery and Medical Jurisprudence for one year, but little has been recorded. He was a proselyte from the old school, a graduate of the Medical College of Ohio. His many published communications to Dr. Morrow, and to the *Western Medical Reformer*, evince his professed dissatisfaction with regular practice and methods, and his great desire to join the reformers. This change of faith appears to have been gratifying to Prof. Morrow and his associates, for he was taken into the ranks, and upon the foundation of the Institute was given a

prominent place on the faculty. Of his ability as a teacher or surgeon, we know nothing. After a brief service he was succeeded by the celebrated Wooster Beach, whose arrival in Cincinnati was regarded as very auspicious for the success of the school and the cause of Eclecticism throughout the nation. Whether or not the services of Dr. Cox were acceptable, we have no means of knowing. It may be inferred, however, that either his services were not satisfactory or that he was a disturbing element, for in the account of the stockholders' meeting, held April 6, 1846, the following appears: "We are happy to announce to the friends of the E. M. Institute that everything in connection with the college is going on harmoniously and prosperously. Ever since the disconnection of Dr. Cox as a member of the faculty, nothing has occurred to disturb its onward progress to prosperity and usefulness, and it is to be hoped a like harmony will still continue to prevail."

[To be continued.]

HOMEOPATHIC PHARMACY.

By Prof. John Uri Lloyd, Cincinnati.

OUR Homeopathic brethren are just now in the midst of an earnest controversy over the subject of their galenical pharmaceutical preparations. In this controversy the *New England Medical Gazette*, the *Homeopathic Recorder*, and the *Medical Gazette* are conspicuous. The writer has too great an admiration for homeopathic aims and for homeopathic people to say a word in unkind criticism, or a word that may be misconstrued. In this family jar he perceives that each party is striving for the good of homeopathic pharmacy, and in his opinion there is no reason for any acrimony whatever. The controversy is not one of antagonism to the "cause," but as concerns methods best adapted to attain a desired end. In the upward movement of any society there must be differences of opinion, both professional and business rivalry, and occasional heated discussions concerning methods and means to attain the object. In the present discussion it is plain that all the parties wish to maintain the integrity of the homeopathic materia medica, and that all are anxious to make it of the highest standard. The difficulty seems to be for the participants to agree concerning certain pharmacal details that to an outsider appear to be of less importance than they are in the eyes of the persons engaged in the discussion. And to a friendly observer it also appears as though each party is both right and wrong concerning these details.

All conscientious homeopathic physicians desire to adhere as nearly as possible to Hahnemann's methods, and yet, since this conspicuous authority left many questions open concerning his pharmacy, and wisely too, it is evident that differences in these directions are to be expected to arise among his followers. But, throwing these differ-

ences of opinion concerning questions of fact aside, the question of *authority* as to homeopathic preparations in which Hahnemann laid down rules for manipulation that stand plainly recorded, becomes a subject of thought.

In the opinion of the writer, too much stress is often given the detail methods of authorities who originate a movement and make it successful as a whole, and yet who are likely to err in detail methods that, although better than others at the time, are preliminary to improvements that experience and systematic study may afterward make. This problem was amicably met in Eclectic medicine, but had it not been that Prof. King and other founders of the school lived long enough to support the innovations that were made by those who took up the work and carried it onward, the result might have been very different.

Science in all directions gives evidence of the fact that improvements are necessary to human progress, and were Dr. Hahnemann alive to-day, the writer believes it may be accepted that he would insist that homeopathic medicine be given the benefit of the improvements that come through conscientious, systematic investigation by homeopathic pharmacists. Because, for example, in his own practice he used a preparation made by mixing the juice of a fresh drug with alcohol, if the light of subsequent experience demonstrates that the remedy is less effective than when the whole crushed drug is abstracted by alcohol, or if, when the juice of the herb is expressed, the residue tinctured, and this tincture mixed with the expressed juice, a better preparation results, or, even if great waste ensues and consequent higher price by using the juice alone without any corresponding benefit in therapeutic value of the product, it stands to reason that Dr. Hahnemann would advocate the desirable changes of method. It is evident that unless Dr. Hahnemann was more than human—infallible—superior in every way in pharmacal knowledge to all other human beings, even though they make close studies of his works to begin their experimentation, his methods and his products should from time to time be improved upon by men who make homeopathic galenical preparations a life study. Appreciating the fact that homeopathic pharmacy embraces in its ranks men of talent who unquestionably have the good of the profession at heart, and who have devoted their lives to the study of homeopathic pharmacy, the writer believes that the founder of homeopathy would be no less appreciative than himself of these men and their accomplishments, were he among us.

To speak plainly, a century of investigation in pharmacy, and of provings and experimentation in therapy by cultivated and observing men, must add much positive knowledge. It does not stand to reason that the united labors of thousands who have entered the homeopathic ranks, should be brushed aside by statements laid down by Dr. Hahnemann, whose life record is such as to indicate to the writer of this paper that were he living he would be one of the first to take

advantage of every opportunity to advance the pharmacy of his people. While admiring the many sterling qualities of the founder of homeopathy, the writer still believes him to have made many pharmaceutical errors. He believes also that the years of close study given the subject by homeopathic pharmacists can not but enable them to improve on many of his methods, and if the suggestion of a friendly critic is in good form, he would say to those involved in this controversy concerning homeopathic galenicals, do not become acrimonious, and do not let personalities interfere with your good work. Remember that you are all striving for the same end, viz., to improve your medicines, to assist the medical profession, and ultimately to benefit humanity. Let these minor differences serve but to tax your energies to the utmost in behalf of the general cause in which all homeopathic pharmacists and physicians are engaged, and remember that internecine quarrels published to the world are likely to be pushed along by rivals.

REMINISCENCES OF ECLECTICISM.

By Joseph Rodes Buchanan, M. D., San Jose, Cal.

[Concluded from page 480.]

I LEFT the college in its day of discord (best forgotten), went to New York and Boston after twenty years, started the charter of the American University at Boston, and engaged a very able faculty for a medical school, but as I was promised no more than \$5,000 for endowment, I considered it impracticable, and for sixteen years have given only an annual six weeks course to private students. What they have thought of these instructions they have fully expressed at Boston, Kansas City, Los Angeles, and San Francisco.

During my eight years in Boston, medical liberty was amply protected against every Allopathic assault. I appeared as President of the Constitutional Liberty League in the State House, supported by a most enthusiastic audience, and was surprised at the weakness of our opponents. I had previously spent four years in New York, assisting the Eclectic College which had run down under Dr. Newton, and its attendance fully trebled during my service; but as it proved morally impossible to place it in a satisfactory condition, I preferred to give up the attempt as hopeless.

Looking back to more pleasant years at Cincinnati, when I left the city Prof. Jones' lectures were the competent representative of American Eclecticism. They have a permanent value, but the brilliant additions by Prof. Scudder are superseding his predecessors. He was in my last courses, and I recognized his clear superiority to all his classmates. But not expecting to resume my labors, and not anticipating his career, I made a capital mistake in not attempting to interest him in the sciences I had developed. Like most reformers, his mind was concentrated on his own rational investigations, and though

I could fully appreciate him, he knew nothing of what I had done—unfortunate both for him and myself.

Now looking back over a public career of sixty-three years, it looks like a splendid failure as to the earthly aims pursued by other men, in consequence of my entire disregard of wealth and honor, and my determination to force upon mankind a greater amount of demonstrable knowledge than they ever received in three centuries. I could not have devoted myself exclusively to the development of new and therefore unpopular sciences, if I had cared for money, popularity, or rank. It was because I did not care for them, and preferred a log cabin with beneficent sciences to a palace without them, that I have been able not merely to *improve* science like other scientists, but to evolve or *create new sciences*—imperial *anthropology* and its subordinates, *sarcognomy* and *psychometry*—illuminated history, and revolutionary world-saving education, the leading thought of future centuries. I have not labored for fame, but for a suffering human race, needing such relief as Eclecticism has partially given, but needing a hundred fold more, which I have endeavored to give. The applause of half a dozen great minds which I have received was more than enough, for he who demonstrates a proposition in geometry needs no public opinion to sustain him.

My last labor has been to demolish the false conceptions of ancient history that have ruled the world for sixteen centuries, by a historical work called *Primitive Christianity*, which, though thoroughly demonstrated, embraces more truth than the world has ever received in less than a century.

The doctrine of the right of a commonwealth to own all of its land, instead of surrendering it to landlords, which I presented so fully and forcibly in 1847, will be triumphant before 1947, as it is now stirring the world, and after that "*Primitive Christianity*" will be the standard history of religion, as my friends believe to-day. It is published only by myself, at San Jose, California, for I have never had the co-operation of booksellers; and by defending every reform, including spiritual science, I have arrayed colleges, churches and wealth against me, thus placing myself in company with those profound and honorable scientists, Prof. Hare of Philadelphia, Prof. Cowper of London, Flammarion of France, Aksakoff of Russia, and A. K. Wallace of England—names that will shine as the early morning stars of the 20th century.

But my expected end did not arrive in '97, and I am now preparing my last work, which has long been expected but postponed—"The New World of Science"—of about 500 pages, covering the results of sixty years of original investigation (occupying about 20,000 pages of scientific records), which is to be sent to subscribers, by mail, for \$3.20. I am also about to issue a chart and guide to practitioners (for 50 cents), containing the condensed results of the five dollar volume of therapeutic sarcognomy, guide in practice which Dr. Williams of

Eau Claire, Wis., said he would not be deprived of for five hundred dollars, as he had tested its value in practice. It contains the only exposition published in this country of the pneumatic system of practice, which, though endorsed by the faculty in France, has been shamefully neglected; yet it is the most important contribution to practical therapeutics of the 19th century. But the edition has been entirely sold.

I have longed to reach the graduates of the E. M. Institute through the JOURNAL with what will be the future medical philosophy, but saw there was no room for it in a strictly practical journal, and withheld my essays, for which there was still less room in orthodox channels. In 1842, I could have been an associate of Gross in the most lucrative medical College at Louisville, the authorities being my friends, but I turned away to the more thorny path of reform. I could not think of entering an old foggy school in which Cooke, the professor of practice, administered calomel in teaspoonful doses; and practicing in that style on my feeble and young fellow student, Douglass, sent him to his grave at Lexington, after giving about a pound and a half of calomel, as I was assured by his comrade, Brittan, who survived after taking three-quarters of a pound. Prof. Gross afterward, when recognized as the head of the National Medical Association, told me very politely that no discovery I might make would be noticed in any way if offered the National Medical Association; and when, in 1850, the National Scientific Association met in Cincinnati, the paper I offered on *Cerebral Embryology* was knocked out by Prof. Yandell, from Louisville. It would probably have been a waste of manuscript if received, for there was not one of the members competent to discuss it.

I remember, with much pleasure, my years in Cincinnati, and especially our college banquet about 1850, when I contributed a poem on the good time coming, sung by Dr. Sells, of which I remember—

"Senseless rivalries of schools
Shall not make their followers fools, in the good time coming;
Lancets shall be lost in rust,
And calomel be worthless dust, in the good time coming."

I planned the introduction of a homeopathic department, and if there had been a homeopathic philosopher in reach, a cordial harmony and co-operation would have resulted; but Prof. Rosa was incompetent, being only a sectarian homeopath, who made confusion, and we gave it up. But I suggested another innovation when the first female student, Miss Blackwell, applied to me, and the faculty, as soon as I assembled them, opened the door. Over two thousand female practitioners have appeared in practice since our doors were opened.

Finally, as the JOURNAL is very practical, I lay aside reminiscences to speak practically in return for its hospitality, briefly suggesting some things others may not have learned, with which I have long been familiar. We have now many good heart remedies, but I believe evening primrose (*oenothera biennis*) has not been recognized. King speaks of it only as an ointment, and the U. S. P. speaks of it as use-

ful in eruptive diseases, especially tetter. I consider it superior in value to any of the cardiac remedies. It especially regulates the circulation at the heart, making it valuable in organic disease, valvular troubles, inflammation, pericarditis, and angina pectoris. It has a fine sedative effect, promoting sleep, cooling and relaxing, soothing to the brain, and would co-operate well with xanthium in hydrophobia, which has not been appreciated. It has also a fine effect on the throat, larynx, tonsils, bronchial and nasal regions. It is useful in fevers, and tends to correct flatulence and gastric disorders.

Agrimony is a remedy not appreciated or understood. Its greatest value is for the nervous system, for those worn out by labor and loss of vitality. It has a fine effect on the brain and spine, especially its lower part. It is a capital remedy for sedentary literary and nervous people, and beneficial to the intemperate. The most powerful of all the tonic stimulants for the nervous system that I have found is the California Laurel (prepared by Parke Davis) to overcome prostration, paralysis, and probably locomotor ataxia.

Arnica is another remedy not understood. It has a powerful action on the head and chest, making it valuable in meningitis and all hot, hyperemic conditions of the head. It has some analogy to aconite and veratrum. It is very valuable in pneumonia, giving freedom and fullness of respiration, lowering the pulse greatly, and controlling cardiac hypertrophy; valuable in inflammatory, rheumatic, and febrile conditions, but of course not in typhoid. It does not promote expectoration, nor sustain the circulation as well as veratrum.

Angelica is not appreciated. Added to three or four parts of alnus rubra, it makes the best medicine for the stomach. Externally its tendency is to open the skin, and it is valuable in eruptive diseases, in bruises, inflammations, swellings, and rheumatic conditions. A swelled ankle the Eclectic Hospital could not cure was quickly cured by external application of angelica. Alnus rubra (tag alder) is unsurpassed as a general alterative.

Buckeye—the fluid extract under this name which I have obtained from Eclectic druggists—is not appreciated. It is a fine renovating restorative for the whole constitution—in fact, more effective than agrimony.

White Clover Blossoms.—If I should select a single favorite from the entire materia medica, it would be the harmless and restorative white clover. It is the most healthful and soothing thing I know, beneficial to the brain, to the moral and cheerful qualities, to the lungs, to the blood which it purifies and enriches. It will always do good, and never do harm. The seeds may be used when the blossoms are out of reach, and are better than phosphates, but objectionable from their hard shells.

But I must end this long article, and will mention finally that I have found the seeds of the houey locust a sovereign remedy for diseases of the stomach, especially inflammatory. I believe that they would be very important in yellow fever.

The irritating plaster is recommended to produce sore and suppurative conditions. From personal experience in using it on the spine, I greatly prefer its first effects before any great soreness is produced. To me it has proved a powerful spinal tonic.

TENTING IN ROSEDALE CANYON.

By H. T. Webster, M. D., San Francisco, Cal.

THERE comes a short time each year, when the outraged school children of California cities are permitted to rest from the drudgery of daily and nightly mental tasks—from the strife for empty honors engendered by well-meaning but badly balanced parents and pedagogues—and enjoy a summer vacation. Though this is short-lived—barely six weeks—it is undoubtedly a “saving ordinance” to many overworked little brains, and lessens the already large percentage of ailments and mortality among our children due to a pernicious school system, which demands that infants shall know more with their tender and immature minds now a-days, than our forefathers did in their prime.

Six weeks vacation, especially when passed in a new and healthful climate, under bright sunshine, in an out-door life, doubtless rescues many, otherwise doomed to rickety spines, cerebro-spinal trouble, tuberculosis, or other dreaded ills, to say nothing of impairment of vision and various nervous reflexes, though there may be many victims nevertheless.

This vacation period is the hay-day of camping life in California; for the older ones become imbued with the spirit, and annually for weeks beforehand, in many families, elaborate plans are laid for the comfort and pleasure of young and old while in camp. The railroads issue notices of special rates for campers, and wide and almost general cognizance is taken of the occasion. And nowhere exists more favorable auspices for such a season than in this country, where umbrellas are so seldom needed, unless as a protection against the sun, between May and November.

The mountains are full of city folks during these days. Some patronize the summer hotels at fashionable resorts, pay ten or fifteen dollars per week for board, and wear their Sunday clothes every day. Others pitch their tents in the wilderness and rough it, and gather their own firewood, cook their own meals, and enjoy a thoroughly free and untrammelled life, entirely devoid of all conventionalities, except every day hospitality and good fellowship.

A sojourn to the interior upon frequent occasions is almost indispensable to health and longevity, where one resides permanently in San Francisco. Many business men realize this, and build their houses across the Bay in Oakland, Alameda, Berkley, Sansalito, Belvidere, or San Rafaela. Professor Logan has his summer house in

Belvidere. Prof. Cornwall, who does a specialty practice, resides in San Rafael, and comes from home to the city every day. Professor Gere goes to the country with his fowling piece upon frequent occasions, and remains amid new surroundings for a day or two. Professor Maclean visits his fruit ranch at Palermo, and has recently purchased, I am told, a country home in Samona county. All realize that respite must be had from the cold fogs and harsh winds that almost perpetually hover about the San Francisco peninsula. Physical and mental energies, after some time, seem to become exhausted here, and organs constantly tasked lag in their functions. The change from spring, summer, autumn, or winter, experienced in so many other regions, never comes here; it is one eternal routine of winds, fogs, and dust, with winter rains—possibly then a little calm and balmy weather between deluges.

Last year I was sick, and knew that the medicine I needed was a change of climate, where I could loll about in hot air, and perspire without exertion; but I could not have it, so I drugged myself and worried through. This year I decided to attend to health as my earliest duty, and was one of the first to pitch tent in Rosedale Canyon.

This lies about four miles from Sunol, a little village forty miles from San Francisco, in the Coast Range, on the Livermore branch of the Southern Pacific railroad. It is one of the almost innumerable picturesque valleys abounding in California mountains, and possesses only local interest, and this to campers principally, as a cosy spot wherein to pitch a tent and enjoy rural life, undisturbed by winds or fogs, "far from the haunts of men." Air balmy as tropical zephyrs; sunshine fervid, and even scorching at mid-day; cool, agreeable nights, with little dew; kind and companionable neighbors—these go to make up the attractions of an emerald spot in the year's experiences. A clear, pebbly brook flows down the canyon, meandering from side to side, among spreading California live-oaks and giant sycamores. Yellow grain-fields reach up along the mountain-sides, to thick chaparral which lines more precipitous heights, reaching up toward grass-grown summits, now browned by the summer's sun. Indians and wild-cats once reigned in these fastnesses—and not very long ago—but now the dairyman tends here his mild-eyed kine, which go about with tinkling bells, roaming and browsing through field and forest,

The Eclectic materia medica is here represented by several individual agents. *Berberis aquifolium* (occasionally), California buckeye, *rhamnus Californica*, and *rhus toxicodendron* abound. The *rhus tox.* is the nemesis of many who would otherwise enjoy camping hugely. The buckeye blossoms in early June, and the flowers scatter a rich fragrance, much like that of flowering honey locust. Now is the time to lay in a stock of *rhamnus* bark which peels in June like basswood, and is utilized by the small boy as is that wood, for the manufacture of the nerve-exasperating small boy's spring whistle.

The first few days are devoted to preparing for future comfort. The tents are pitched and well guyed, straw is spread upon the ground, and over this carpets are fastened with wooden pegs. Bedsteads are built from pine boards to support wire mattresses which we have shipped for the occasion. The kitchen tent is pitched, a seam partially ripped for the egress of the pipe of the camp-stove (made of sheet-iron and readily portable), and this is set in place. Dry goods boxes furnished by the grocery boy and general factotum at Sunol, are utilized for cupboard and china-closet. Tables and stands are improvised, and soon we are prepared to live in perfect comfort with all the conveniences of a well appointed house, though some of these may be a little crude in their aspect. However, proper drapery, which we have remembered to bring, will hide many defects.

At the time I write news comes of two days of "muggy" weather, with cold rain, in San Francisco, but no record of dampness or chilliness here—only one day slightly cloudy.

Amusements there are, enough to while the time away at a merry rate. Plenty of ground-squirrels afford gunning for the novice, who has only to lie in wait until they come out of their holes (whither they repair in colonies at every alarm), and pop them over. They die hard, seeming to possess the nine lives of the traditional cat, and if not hit in a vital spot, will disappear in their holes to die underground, though riddled with shot. When properly dressed and prepared, and afterward baked in a hot oven, they are excellent eating—better than fried chicken, and more digestible. Quail and pigeons (turtle doves) are out of season yet, consequently squirrels offer about the only inducement to the gunner. The stream, which must be a river in the rainy season, judging from the size of its bed, seems an ideal one for trout; clear, sparkling ripples, deep, shady pools, all invite the disciple of Walton to cast the fly; but long suffering has robbed the stream of its treasures, and only a few shiners and lazy suckers are to be found.

Bathing, reading (war news once a day), whist, eucher, casino, and other amusements and pastimes fill in the time between meals—and what meals! with the appetite that soon grows in this atmosphere, and what a comfortable digestion!

The merry voices of children, the thrum-thrum of the distant banjo, the glimpses of white tents and gaily colored hammocks through the wooded vistas, the gleaming of candle lights through the sycamores, all contribute zest and piquancy to the environments. And what nights! The south wind comes whispering over the mountain, and through the tree-tops; the brook babbles a soothing lullaby; cool shades obscure the day. The tinkling cowbell, the distant watchdog's bark, the night-bird's call, bring a sense of solemn isolation—no fleas. Better half complains that I snore. What wonder?

MALPRACTICE.

By Prof. L. E. Russell, M. D., Cincinnati.

PREVIOUS to the year 1894, the Revised Statutes of the State of Ohio, Section 4979, prescribing the time of limitation in which an action at law should be brought, was as follows ;

Civil actions, other than for the recovery of real property, can only be brought within the following periods of time, after the cause of action occurs :

Section 4980—within fifteen years on contracts and promises, etc., in writing.

Section 4981—within six years, an action upon a contract, not in writing, either expressed or implied.

Section 4982—within four years, for trespassing on real property, recovery of real property, an injury to rights of plaintiff not hereinafter enumerated, action for relief on account of fraud, etc.

Section 4983—within one year, an action for libel, slander, assault, battery, malicious prosecution, or false imprisonment ; an action upon a statute, or a penalty, or a forfeiture. But where a different limitation is prescribed in the statute by which a remedy is given, the action may be brought within the period so limited. This difference made the law indefinite as to the statute of limitation, only to the bringing of a suit for malpractice.

According to section 4982, the action has to be brought on the ground of torts ; while in section 4981 the action for malpractice was brought upon a contract not in writing, either expressed or implied. Accordingly, it was quite difficult to determine on the bringing of an action for malpractice, whether it should be under section 4982, in torts, or under section 4981, upon contract ; and this led to much diversity of opinion between attorneys and the ruling of the courts, which was definitely settled by a law passed May 18, 1894, which is as follows :

HOUSE BILL, NUMBER 313.

“AN ACT : To amend section 4983 of the Revised Statutes of Ohio.

“Section 1. Be it enacted by the General Assembly of the State of Ohio, that section 4983 of the Revised Statutes of Ohio, be amended so as to read as follows :

“Sec. 4983—Within one year : An action for libel, slander, assault, battery, malicious prosecution, false imprisonment, or malpractice.

“An action upon a statute for a penalty or forfeiture, but where a different limitation is prescribed in the statute, by which the remedy is given, the action may be brought within the period so limited.

“Section 2. That Section 4983 of the Revised Statutes of the State of Ohio to be, and the same is, hereby repealed.

“Section 3. This act shall take effect, and be enforced, from and after its passage.

Signed: ALEX. BOXWELL, Speaker of the House of Representatives.
ANDREW L. HARRIS, President of the Senate.

This settles, undoubtedly, the statute of limitation to one year, in which suit may be brought against a physician or surgeon for malpractice, and as the statute of limitation on the physician's book account extends to a period of six years, it enables the physician to collect his account after waiting a period of twelve months without being subjected to the annoyance of a counter claim for malpractice, as the statute of limitation for malpractice expires after one year.

In general, when a person offers his services to the public in any business, trade, or profession, there is an implied contract with those who employ him that he possesses that reasonable degree of skill, learning, and experience, which is ordinarily possessed by persons in the same business, trade or profession, and that he will perform matters entrusted to him diligently, carefully and faithfully.

No prudent person would, unless possessed of competent skill, undertake the doing or execution of an act, which, in the absence of skill, would cause risk or injury to another. The doing of such acts by an unskilled or unqualified person will amount to negligence.

Undertaking to exercise ordinary judgment without sufficient skill, in a matter which requires the skill, is not a mere error in judgment, but amounts to negligence, pure and simple. Therefore, negligence in its fullest sense, includes the want of that competent skill, as where an incompetent person, or one unqualified to follow the profession, produces injury. The implied contract of a physician or surgeon is not that he will cure, but that he possesses, and will employ in the treatment of the case, such reasonable skill, care and diligence as is ordinarily exercised in his profession by thoroughly educated physicians and surgeons; and in the judging of the degree of skill that shall be required the court will instruct the jury to have regard for the advanced age of the medical profession at the time of the tort.

The court will also instruct the jury that the law does not require the highest degree of skill and science, and that the major or standard must be a practical and attainable one from and after giving the treatment of the case, and the reputation of the physician or surgeon in the community where such injury may have been sustained.

The physician or surgeon does not insure the injured that his treatment will be successful. A failure to effect a cure does not raise the presumption of want of skill or failure to exercise diligence.

Since the passage of the law requiring medical registration of all physicians of the State, regardless of schools or systems of medicines, each physician or surgeon having passed the Board of Registration will be entitled to as much credit before the court or jury as any physician in the practice of his profession in the State of Ohio, regard being had only as to his experience and location in the town, county, or city, it being held that a physician in a large city has more experience and a higher degree of skill is required,—therefore much greater than that expected or demanded of the physician in the country, where there is little opportunity of observation or experience in the treat-

ment of surgical injuries. The physician's liability does not depend upon the person by whom he is paid, or promised to be paid, or to the fact that the services rendered were to a charity patient, wholly incompetent to pay for treatment: or his services may be rendered in the treatment of persons who are under the care of trustees of the township, of the commissioners of the county. If the physician assumes any responsibility whatever in the treatment of a surgical case, it amounts to an implied contract that he will faithfully treat the case to its termination, unless at the time of the rendering of such services, he disclaims all responsibility for the care and treatment of the case other than that which humanity would dictate in the emergency.

To constitute employment it is not necessary that there should have been any special agreement or promise to pay. When labor is performed by one for another, the law implies a promise to pay the value of the services rendered. When the surgeon undertakes the treatment of a case, this is an acknowledgment of an employment on his part, unless at the time, as above suggested, he disclaims any acceptance of the case, and acts only on the emergency of the moment. If the patient does not follow the directions, and co-operate with the surgeon he can not afterward call him to account for any unfortunate results. The law is, that no man can take advantage of his own wrong, or charge his misfortune to the account of another, or hold him pecuniarily responsible. If the patient becomes hostile to the orders and suggested treatment of the surgeon, he can not seek redress by law. The plaintiff must not have contributed at all to the bad results.

Again, the nature of some injuries, especially by prominent bones injuring the soft parts, places the successful recovery of the case beyond the control of the most eminent and successful surgeon, in which case the surgeon can not be held responsible. The judge will instruct the jury that they are to be the sole judges of all the facts after weighing the testimony in the light of the law, as laid down in his charge to them.

A late decision of the New York court, *Searle vs. Railway Company*, is as follows: When the fact is that the damages claimed in an action were occasioned by one of two causes, for one of which the defendant is responsible, and for the other for which he is not responsible, the plaintiff must fail, if his evidence does not show that the damage was produced by the former cause, and he must fail also, if it is just as possible that it was caused by one as the other. As the plaintiff is bound to make out his case by a preponderance of evidence, the jury must not be left to mere conjecture, and a bare possibility that the damage was caused in consequence of the negligence and unskillfulness of the defendant is not sufficient." (*Searle vs. Railway*, 101 New York Reports, page 662.)

Aside from the manipulation of the fractured limb, a surgeon has to contend with many powerful and hidden influences, such as the habits, hereditary tendency, vital force, mental shock and local circumstances

of the patient. The surgeon is only bound to bring to the performance of his undertaking a reasonable degree of care and skill. He does not undertake to perform a cure, nor can negligence be implied through a failure to effect a cure. In the language of the Supreme Court: "Such failure may have arisen from the age or constitution of the patient, or from the inherent difficulties growing out of the nature of the injury, which may have been such as to baffle the highest degree of skill and care."

If one receives business in the line of his profession or occupation, or promises attention to it, or if he does not make an expressed promise, one would be implied, the law would create a promise that he was to receive the ordinary compensation, "although not a word had been said of compensation."—(Lawson's Rights and Remedies, page 78.) "A physician or surgeon is not a warrantor or insurer of a cure, and is not to be tried by the results of his remedies."—(Sherman and Reed, Section 433.)

ANTITOXIN IN DIPHTHERIA.†

By John R. Bangert, M. D., Shippenville, Pa.

WITH the combined organs of the human system performing their functions normally the body is immune against all contagious and infectious diseases, and any deviation from a normal function lessens their resisting powers against disease.

Indiscretion in the quality and quantity of food, exposure to the extremes of temperature, improper clothing, etc., overtax the eliminating organs, and they in turn can not do the work devolving upon them. Hence a retention of poisonous material, which in itself may generate the diphtheritic germ or a favorable soil for its reception and propagation.

The majority of the medical profession regard diphtheria as a constitutional disease, the deposit being a local manifestation of general toxemia. The natural proclivity to an infectious disease may be removed in recovery from it. This is nature's way, and it has given us the key to the situation. That diphtheria is contagious, no one of experience can deny. Therefore the first duty of the physician is prophylaxis by isolation, cleanliness, etc. A mortality in diphtheria (not follicular tonsillitis) of 40 to 75 per cent., irrespective of physicians or systems of medicines employed, in itself justifies the employment of the serum therapy.

October 2, 1897, I was called to see Willie S., age 8 years. I found the tonsils, posterior nares and uvula, covered with the membrane, and a partial stenosis of the larynx, caused by the membrane. Temperature 104°, pulse 140 per minute; urine contained albumin. Seeing similar cases dying under the old line of treatment, I gave an unfavorable prognosis and suggested antitoxin. The parents consented,

* Read before the Pennsylvania Eclectic Medical Society.

and 2000 units of potent No. 2 were administered. I sponged the throat with hydrogen peroxide; gave internally specific aconite *m v*, sp. phytolacca *m xx*, sp. echafolta 3 j, aqua q. s. ad $\bar{3}$ iv. M. Give one drachm every one or two hours. In six days the boy was well.

CASE 2.—John W., age 16 years, had been treated with home remedies and a little faith for ten days before I was called. 7 P. M. Sunday, temperature 105°, pulse 160, respiration difficult; nares, pharynx, tongue and trachea were full of membrane; could not make an audible sound, and flopped about on the bed in his struggle for respiration. I refused to treat the case unless antitoxin was used. The young man was cyanotic, and in danger of immediate collapse. I gave him subcutaneously sulph. strychnine. My supply of serum being exhausted, and not being able to obtain any before Monday at one o'clock, I agreed to remain with him and do what I could.

I gave internally, sp. aconite *m v*, sp. cactus 3 ss, sp. echafolta $\bar{3}$ i, sp. phytolacca gtt. xx, aqua $\bar{3}$ iv. M. S. One drachm every hour. Sponged the throat with hydrogen peroxide, full strength; also gave inhalations of lime. There was some improvement but only temporary. About 11 A. M. Monday death seemed inevitable. I persisted in the lime inhalations, and at one o'clock P. M. 2000 units of standard No. 2 was administered. In one hour there was improvement—membrane more loose, secretion established. Five hours after the first dose was given he was worse, but not as bad as before it was given. 2000 more were given. In one hour he breathed quite natural, and slept four hours. When he awoke the membrane began to tighten, but general condition better. 4000 units potent No. 2 were given, and in thirty minutes there was marked improvement. Pulse 110, temperature 100°. The case continued thus until Wednesday noon, when the last dose was given, 2000 units, making 16000 units in all from Monday at one P. M. until Wednesday at one P. M. The intervals between doses were two to eight hours. His urine contained large quantities of albumin before antitoxin was used. I remained with him from Sunday evening until Wednesday evening to note the effects of the serum. The patient made a good recovery and is in perfect health to-day, June 10, '98.

Being in a community where a board of health is looked upon as a set of devils, and the doctors afraid to force a quarantine for fear of a loss of patronage, a quarantine was not established until the whole school was infected—children attending school until exhaustion compelled them to remain at home.

I treated 46 cases during the month of October, November and December, using the antitoxin serum in 30. The last three treated with the serum died; one aged nine months, two 2 years. I only used the serum at the request of the parents in these three cases, as they were apparently dying. The serum did its work, but the children were too young and weak to expel the membrane, and died apparently from asphyxia. As a protective the serum was a success in eight cases—

four children and four adults. During the epidemic I used 66000 units of H. K. Mulford's potent No. 2.

The rash that appears after the injection of antitoxin is due to the large amount of serum, therefore the concentrated serum should be employed. As to the dose, there is no limit. 1000 to 4000 units—according to severity—should be given every six or eight hours, until the symptoms abate; then discontinued so long as there is improvement. The physicians averse to antitoxin have, in all probability, never tried it. It matters not to me whether a curative agent emanates from an old woman or a learned professor; credit should be given where credit is due.

CHOREA—ST. VITUS' DANCE.

By E. F. Davis, M. D., Cleveland, O.

MANY opinions have been advanced as to the nature of the disease named chorea. No morbid appearances have yet been acknowledged as characteristic of chorea. Dr. Dickson has observed, in fatal cases, hyperemia and its consequences, affecting the nervous centers, but especially the ganglia at the base of the brain and upper part of the spinal cord. The hyperemia was most marked in the arteries, and its effects became apparent according to the duration of the disease. In consequence of a long continuation of hyperemia in the blood-vessels and nerves, it leads to impaired nutrition of the affected nerve centers, and to disturbance, but not complete abolition of their functions.

Whether this is true or not I am not able to determine. I am satisfied, however, that we have reflex irritation from the stomach, bowels, and generative organs, in some cases; also have severe attacks from fright, especially if the patient is weak and anemic. There are also some predisposing causes of chorea in young females, from eight to sixteen years, hereditary tendencies, various neuroses, bad living, and unfavorable hygienic conditions, and consequent imperfect nutrition to the nerve centers.

SYMPTOMS.—Chorea is characterized by involuntary movements of the various muscles, partaking of the character of spasms, with loss of control over voluntary muscular action—the will power diminished. I remember one important case where the young lady was at breakfast; the knife fell from her hand, and on being reprimanded by her mother, she had involuntary movements of her feet and arms at the same time, being the first really observable movements, and on the second day she had tremors of almost the entire body, and could scarcely speak a correct sentence. She had to be fed for several days, as she could not hold anything in her hands, which is unusual in patients of her age.

TREATMENT.—Ascertain the cause, if possible, and remove it. In a good many cases it is very important to correct the stomach and

bowels ; also to stimulate the secretions slightly ; then come in with your specific remedies, if we have any. I have rarely ever failed with the following remedy :

R—Fluid ext. scutellaria, $\bar{3}$ ij ; fl. ext. cimicifuga, $\bar{3}$ j ; neutralizing mixture, $\bar{3}$ j. M. Give from one to two teaspoonfuls every two hours until relieved.

Often your patient will be very much improved within twenty-four hours. In small children give about twenty drops at a dose. If the dose is objectionable, give the following :

R—Scutellarin, grs. xxx ; cimicifugin, grs. ij ; Sach. alba, $\bar{3}$ j. Triturate, and give three grains every one or two hours until improved materially.

In some cases of an anemic condition, especially young ladies, give the following :

R—Protocarb. ferri, $\bar{3}$ j ; scutellaria, grs. xxx ; cimicifuga, grs. iij. Mix and divide into thirty pills ; give one three or four times a day.

If any malarial complication exists, give quinine for a few days, and then go on with the remedies. I have tried arsenic, valerian, and a host of other remedies, but find nothing equal to the above.

If you have a hemiplegic condition, with one side of the body paralyzed, you can use strychnine with the above treatment, and electricity if the disease is persistent. If the above treatment is carefully carried out, you will have few if any failures. I have never failed in my cases when the above treatment has been carefully followed out for a reasonable time.

HOW TO FEED SICK PEOPLE.

By Joseph Adolphus, M. D., Atlanta, Ga.

IN a great many acute diseases high temperature is present. The main point is to know how long this high heat will continue. Where there is high heat the fat of the body is being consumed,—a waste of carbon tissue ; but the proteid is also wasting, because there is great excretion of nitrogen. Digestible fats must be supplied, such as can be readily absorbed. This kind of fat is found in milk (butter), and milk makes a good diet in high temperature diseases, but the power to assimilate fat is in great abeyance ; little of it is taken into the blood ; and when too much fat is given in the food, it is soon turned into irritating, frothy acids, which irritate the mucous membranes, and diarrhea is caused.

The most difficult problem to solve in feeding patients with high temperatures that continue many days, is the proper portion of fat to give in the food, because fat shields the proteids and prevents their rapid destruction. Proteid, both of the body tissue (muscle, etc.) and food, is split up in the organism (intestine, probably liver) into a urea moiety which is discharged in urine, and a fat moiety which may be absorbed or may be corrupted into a fatty acid, and so cause diarrhea

or tympanitis, or shock the nervous system. In this case less proteid as food must be given, and more fat taken in the food ; but this is a difficult question to decide. I think by feeding carefully fresh cream which contains only two or three per cent. of proteid and seven to ten per cent. of fat, great good is done in such cases, especially if a liberal amount of whey is given with the milk. I have many times seen typhoid or pneumonia, or other adynamic cases, which were doing badly and in extremity, turn for the better when this method of feeding was adopted and carefully carried out.

Sometimes more ill is done to patients by feeding too much pure milk. Reduce the quantity of milk ; give cream and whey. Some clinicians say that proteid in abundance in the food is needed when much urea is given off. Proteid food promotes destruction of all tissues, and more proteid given in the food, as far as can be digested, in these cases, promotes tissue destruction ; therefore, I advise giving cream diluted with whey.

Starch is also a carbohydrate food, and good malt extract administered with it rapidly converts the starch into maltose, which is a highly valued food. Maltose is always found in the blood, and maltose is more easily oxidized than fat ; therefore, it is the right thing to give fever patients arrow-root, sago, tapioca, and cornstarch, adding some good malt extract to convert the starch into maltose and hasten its absorption. A little cream can be added to the starch food ; the two afford abundance of carbon for combustion. Proteid in moderate quantity is needed. This may be obtained from egg beat up with thin arrow root pap, a tablespoonful of well beaten egg to six tablespoonfuls of arrow-root pap, a teaspoonful or two of fresh cream, and some malt extract, or the malt may be given alone. This mode of feeding the sick is most valuable. Proteids, fats, carbohydrates, in different proportions of combination, according to the needs of the organism.

This combination is good also for infants and children sick with summer diseases. Study the problem of food carefully. Always watch the temperature, and give the most food, in reasonable quantities, when the temperature is lowest, no matter what the disease may be. With food get down your patient as much water as is reasonably consistent. Water washes out the tissues, as well as the blood, and removes waste. Too much urea and uric acid in the tissues and blood is a great evil to the sick ; water removes them ; it is our most natural diuretic. I have often seen medicaments act vigorously in reducing dropsy after copious draughts of water, which before were inactive. Feed at night, just before the rise of temperature, that your patient may stand the ordeal of high heat. The next fall may be from one-fourth to one half degree lower for it.

BRICK-DUST IN THE URINE OF THE NEW-BORN.

By J. C. Dunn, M. D., Tionesta, Pa.

EARLY in the morning of that memorable day, April 19, 1898, when the joint resolution passed Congress, empowering the President to call out the entire land and naval forces of the United States, in the common interests of humanity, to check the atrocities of the Spanish in the isle of Cuba, I was called upon to go some miles in the country to attend Mrs. S., aged 45, in her twelfth confinement. After an uneventful labor of some hours, she was delivered of a 14-pound boy, a lusty fellow who showed an inclination to creep away as soon as the cord was severed. Nothing of interest occurred until the child was 18 hours old, when he had the "colic," as the sister, who was his nurse, said. From her statement of the case I was led to think that the attacks were unusually severe, or that it was not ordinary "wind colic" which was the trouble. The usual domestic remedies failing to give relief, as did that sterling prescription which has so often let us out of a tight place, viz.: *Sp. lobelia*, gtt. ij; *aqua*, 3j. One-fourth to one half teaspoonful every fifteen or twenty minutes until relieved, which generally follows the third or fourth dose. I concluded that there was something else wrong, so devoted some little time to waiting for an attack. It came, and such suffering is rarely witnessed in a frame so young and tender. The screams were agonizing; the body writhed, the features were contorted and purple, while drops of perspiration stood out on the forehead like buttons on an alderman's coat. The child was now thirty hours old, and between attacks eating and sleeping as any healthy child should. A little questioning elicited from the sister the fact that the cloths taken from the child were at times stained red. I asked that one be brought for inspection, and found numerous patches on it, ranging in size from a half pea to that of a dime, of a deep red or mahogany color. They were stiff, almost friable when the cloth was bent, imparting a grainy feeling when rubbed between the thumb and finger. The nurse said that there was also at times a deposit on the thighs of the baby which was almost thick enough to scale off, yet it took some time and work to remove it with soap and water.

While trying to devise some method of securing a specimen of the urine, the deposit ceased and with it those terrible spasms of pain which had lasted about fifteen or eighteen hours, occurring at irregular intervals of from five minutes to four or five hours, and I was unable to verify my suspicions of urate of ammonia, or at least some of the urates, though I must confess that it is a little out of the ordinary to look for these deposits in the urine of one so young, as they are presumed to arise from defective digestion, heavy nitrogenous food in excess, too little exercise, and in diseases of heart and lungs, together with free use of wine and malt liquor.

The child had no treatment directed to this condition, and has had

no return of the attack, so far keeping the even tenor of his way as a healthy baby should. I would invite criticism on this article, and would be glad to listen to the theory of any professional brother who disagrees with this view of the case.

POISONOUS GAS PRODUCED FROM CHLOROFORM VAPOR.

By B. Roswell Hubbard, M. D., Sandusky, O.

IN the June issue of the *International Journal of Surgery* reference is there made in an editorial to a poisonous gas or product by the vapor of chloroform coming in contact with a lighted gas jet, and of such an active nature that severe paroxysms of coughing are produced, and in some instances asphyxiation speedily follows its inhalation; and a citation is made of a death occurring as a result of being exposed to this poisonous gaseous product, in the case of a nurse in the surgical service of Dr. May, at a hospital in Berne, Switzerland.

On two occasions while operating at my Sanitarium, my assistants and others present were seized with a suffocative cough that was very distressing. I was so severely affected by the inhalation of this gas, that it was with difficulty that I could proceed with my operative work. What the provoking cause was, producing the cough and asphyxiation, at the time no one knew, nor had I ever experienced anything of the kind before.

I had a gas jet burning under my sterilizer during the time of operation, and, without a doubt, the poisonous gas was being generated by the chloroform vapor coming in contact with the gas flame. What the nature of this gas is, is unknown to me, and I have no knowledge of having ever seen a reference to this agent before. Perhaps Prof. Lloyd can throw some light upon the matter. I would suggest that chloroform be not used as an anesthetic while a gas light is in use during an operation, to avoid the above unpleasant symptoms.

Although it is understood that the chloroform vapor is unlike that of ether, nonexplosive, for this reason alone this anesthetic has been considered much safer to use in the presence of artificial light.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

DISEASES OF THE EYELIDS.

Frequently cases of poisoning of the eyelids come to the notice of the physician, and sometimes erysipelas is diagnosed. These cases are nearly always the result of contact with *Rhus venanata* or *R. toxicodendron*, the swamp sumac, and poison ivy. The skin is much reddened and swollen, in some cases the lids being completely closed. The characteristic vesicles with watery or yellowish fluid being pres-

ent, in severe cases they are often confluent. The burning and itching are generally very severe. A careful inquiry regarding where the patient has been will, in nearly all cases, decide at once the character of the trouble, even when in its initial stages, as well as in the chronic form.

Treatment.—So many remedies have been recommended for this trouble, and all of them sure cures (?), that I hesitate to give any directions. In the early stage of the disease, I have found a solution of hypophosphite of soda, one ounce to water sixteen fluid ounces, applied every hour, one of the most useful remedies. Ammonium muriate in the same strength solution, applied locally, and also taking a teaspoonful every two hours, will frequently prove all sufficient. In chronic cases I always give *sp. rhus tox.* in one-tenth drop doses every two hours. This is combined with *liq. potass. arsenitis* when the scaly form is present. If watery vesicles appear in the chronic form, I have had the best results with iodide of arsenic 2x., giving grain doses four times a day.

WARTS on the lids are usually near the margin, and are easily removed with scissors or a fine silk ligature. After removal the site of the growth should be touched a few times with an ointment of salicylic acid, twenty grains to vaseline one ounce. Care should be used that none of the ointment gets into the eye, as it will be very painful. The synthetic acid should not be used in this ointment, as I have found it of no more value locally than for internal administration. The acid used is that made from oil of wintergreen, and I prefer Lloyd's. In making the ointment it is best to rub the acid with a few drops of glycerin before adding the vaseline.

PTOSIS, or drooping of the upper lid, occurs in all stages, from a slight lowering, hardly noticeable, to complete loss of power to raise the lid. The causes are varied, and while some are amenable to treatment, a number can be benefited only by operations. Hysteria is a not uncommon factor, and usually is noticed after sleeping; the lids having to be raised by the fingers, or can be voluntarily raised only after brisk rubbing on awakening. Syphilis I have found to be a factor in many cases. Paralysis of the levator muscles, either central or peripheral, often follows diphtheria, and I have seen it after scarlet fever, but in these cases some of the orbital muscles, supplied by the third nerve, are generally affected as well. Rheumatism may affect the lids as well as other muscles of the body, and then we have the rheumatic ptosis.

Treatment.—In the hysterical form of the trouble I find the following usually all that will be required: R—*Sp. Ignatia*, gtt. iij to v; *sp. pulsatilla*, 3ss; *aqua*, f 3 iv. M. Sig. Teaspoonful every two or four hours. If the lids feel dry and stiff, a collyrium of Lloyd's *hydrastis*, f 3 ss; *sol. boric acid*, f 3 iv, used every three or four hours, will be found a soothing application. If syphilis is the cause of the ptosis, and here it usually occurs in the latter stages of the secondary

or in the tertiary form, so-called, the patient will be better off without much medication, unless you know what he has been having. I have seen cases that had taken iodide of potass. so freely that I considered the cause of the trouble was iodism instead of syphilis. In these cases I have found iris and nux the best treatment. When the patient has not been very much dosed, however, and there are plenty of this class, I have found that the iodide in some form was necessary, and then gave it until the characteristic running of the nose presents, when the drug is stopped.

In paralysis following diphtheria, scarlet fever, etc., *sp. nux* in small doses is the most satisfactory remedy. Frequently it will be found advisable to combine the drug with *liquor potassium arsenitis* in fractional drop doses. The rheumatic form is not as tractable as the others, yet the remedies indicated will often be followed by prompt improvement. *Sp. rhus*, when rapid motion of the lid gives relief, or when having the lids closed seems to cause them to ache more. *Sp. bryonia* when the lids closed affords comfort. *Sp. cimicifuga* when the bruised feeling is present. In all these forms the condition of the bowels must not be neglected, as constipation increases the difficulty. An axiom in all diseases of the eye is, keep the bowels open.

EPISTAXIS.

Have had several cases of persistent nose bleed in which I tried a remedy that gave good results in all that it was tried on. The drug is *carbo veg.* 1x in five-grain doses. One case in which I used this was a case of vicarious menstruation in a lady aged 35, who had chronic albuminuria. Plugging the nares did no good, and as a last resort I turned to my case and found the ergot bottle was empty, but the bottle of *carbo veg.* was full. Remembering the advice received in college about passive uterine hemorrhage, and that use of this drug, I thought I would try it. It was given without any confidence in its beneficial effects, however. In fifteen minutes the dose was repeated. After five or ten minutes the bleeding diminished, and soon stopped altogether. The following month I was called again and tried plugging with no good results. When the *carbo* was resorted to again, the bleeding ceased. The third time I used the drug alone, and for two or three months afterward used nothing else, and no other treatment was necessary.

A second case, in which I had good results, was a little girl, who was subject to nose bleed. When I called, she had been bleeding for nearly two hours, and was very weak. The point from which the oozing came was about the size of a silver dime, and it was almost impossible to wipe the blood away fast enough to see whether any other points were visible. I plugged the nostril, and gave *carbo-veg.* I left several powders with directions to give one every two hours, and to bring the girl to the office the next day. On examination the next

day, I found that all the discharge had proceeded from the one point, Gave a dozen more of the powders with directions to give four a day. From that time to the present, over two years, there has been no more complaint of nose bleed.

I have used this in probably a dozen cases of passive hemorrhage of the nose, and in every case have had good success. Whether the cases were simply coincidences or not I am not prepared to say, but shall give the drug a more extended trial.

THE EAR.

For the quick destruction of granulations and polypi in the middle ear, especially when the discharge is profuse, I have found nothing as efficient as nitric acid. The use of all-powerful caustics in the ear must be carefully made, or disastrous results may follow. The method I use, and which, so far as I know, was original with my father, is to use a broom splint, cutting it squarely across, and dipping it into the fluid to be used, for a few moments; then, wiping the splint with a cloth or cotton to remove all superfluous liquid, make the application under good illumination. In this way the caustic is applied only to the point desired, and the unnecessary destruction of tissue avoided. There is no danger of touching the walls of the canal in this way, and another advantage is, the small size of the splint does not cut off light, as is the case with the majority of applicators in use.

The use of an ointment of salicylic acid, twenty grains of the acid to an ounce of vaseline, is a favorite in many of these cases, especially when the entire surface shows a tendency to granulate. The ointment is smeared on a pledget of cotton, and placed well down in the ear, so as to come in contact with the surface.

In cases of suppuration from the middle ear, when the discharge is thick, tough and tenacious, try the internal administration of Kali bichromate 2x. in grain doses. The secretion in a few days will be easily removed from the canal.

It is well to remember that discharge from the ear is always a menace, not only to the hearing-power, but to life as well, and that attention to this condition should be insisted upon, and not pass it by, saying that the child would outgrow it, or that it would be dangerous to stop the discharge for fear it would break out in some other part of the body. This is an injustice to the patient, to the friends, to yourself and to your pocket book.

Sp. *Phytolacca* is one of the best drugs in chronic enlargement of the tonsils that we possess. There are few cases that will not yield to the use of this drug, unless the tonsils are hardened. When the tissue is hardened the only remedy is removal. When *phytolacca* is given for the reduction of these glands, it should be given in small doses—from one-fourth to one-half drop, four times a day.

INDICATIONS FOR SOME OF THE NEWER DRUGS.

Ceanothus.—I mention this one first among the newer remedies because of the excellent results we have obtained from its use. Given a case of enlarged spleen, acute or chronic, with a sallow, doughy skin, and expressionless face, ceanothus is the remedy. A case of acute splenitis will be greatly benefited by its use. Its action is not confined to the spleen, but it is also applicable as a stimulant to the portal circulation and liver, especially so if the liver be enlarged.

Thuja is not a new drug. Howe educated us how and when to use it. In your next case of ulcerated sore mouth try thuja, applied full strength.

Echinacea is undoubtedly a valuable addition to our medicine shelf. As an alterative and antiseptic it stands pre-eminent. An impoverished condition of the blood is the indication for it. Let it be a case of diphtheria, or blood poisoning, or carbuncles, or old sores, in the tincture of echinacea you will find the remedy. Dose of specific echinacea five drops to one drachm in water every two to four hours. Locally, apply full strength.

Euphorbia Pilulif is indicated in bronchial affections generally, especially where there is spasmodic action of respiratory muscles with bronchial irritation.

Euphrasia Off.—Oculists recommend this remedy for opacity of the cornea. Its action is on the mucous membranes, relieving acute inflammation. Given a case of acute catarrhal disease of mucous membranes, especially when attended by profuse secretion of acrid mucus from eyes and nose, accompanied by heat and pain, this agent gives relief. The dose varies.

Salix Nigra comes to us highly recommended as the new sexual sedative. A physician needs but to prescribe it in a few cases to convince him that it fills the bill nicely. Without quoting cases in which it proved successful, the guiding symptoms are these. You know the appearance of a man or woman whose sexual passion is never gratified; let it be prostatitis, spermatorrhea, ovaritis, nocturnal emissions, that condition known as nymphomania, a masturbator, the genito-urinary organs are in an irritable condition. Give specific salix nigra in from ten drop to one drachm doses, three or four times daily. That it acts on the cerebro-spinal and sympathetic nervous system is unmistakable.

Saw Palmetto has a special action upon the prostate gland, testes and ovaries, tending to increase their functional activity. It seems to invigorate the nervous system in general, therefore is applicable in sexual impotency, and especially so where there is an ovarian or prostatic difficulty or a urinary difficulty accompanied by a prostatic disease. It is used to promote the growth of the mammae. Of the tincture the dose is from ten drops to one drachm three or four times daily.

Strophanthus is indicated in almost any irregularity of the heart's

action, feeble and frequent cardiac contractions without pyrexia, precordial pain, palpitation, dyspnea, etc., where the heart tonic is required. In strophanthus and cactus we have two excellent heart remedies. In structural heart disease we have had excellent results from the use of specific strophanthus. The dose is from one to ten drops in water every three or four hours.—*Niederkorn in Chicago Medical Times.*

Menthol-Chloroform for Colds.

Wunsche (*Therapeutische Monatshefte*) says that menthol, dissolved in chloroform, is the most efficacious of all remedies. A solution of one or two parts of menthol in twenty parts of chloroform will not only arrest the progress of a cold in its initial stage, but it is also an excellent influenza prophylactic. From four to six drops of the solution should be placed in the hollow of the hand, quickly rubbed between the hands, the two hands tightly pressed together, placed before the face, and the remedy energetically inhaled alternately through the nose and mouth. It will be immediately noticed that the volatile parts of the solution thoroughly impregnate the mucous membranes of the nose, mouth and throat, and even penetrate deep down into the air passages. During the first two or three inhalations the sweetish chloroform vapor predominates. Afterward, however, only menthol in attenuated condition is inhaled, odor and feeling remaining apparent for some time after the inhalation. As a rule, the first inhalation suffices to cure the severest tendency to sneezing, and often to arrest the progress of the cold altogether. Two further applications of the remedy in the course of the day suffice to suppress the attack completely. The first inhalation at first slightly increases the flow from the mucous membrane of the nose; afterward, however, this symptom diminishes quickly. Pains in the pharynx and larynx may be quickly eased and often entirely relieved by the remedy.—*Med. Age.*

Hospitals not Liable for Negligence of Attendants.

In a decision handed down by Justice Cohen, in the Supreme Court, he holds that hospitals are not liable for the negligence of attendants, so long as it is shown that proper precaution has been exercised in the selection of such attendants by the hospital authorities. The case in which the decision was rendered was a suit brought by Miss Helen D. Ward to recover damages from St. Vincent's Hospital, in this city, for injuries received while she was a pay patient at that institution. On one occasion she was placed on a bed between the sheets of which there had been left a hot water bag, and her leg was so badly burned by contact with the bag that operative procedures were necessitated. The judge finds that the accident was due to the single careless or thoughtless act of one of the employees of the hospital, and that the plaintiff has a cause for action against that employee, but not against the institution.—*Med. Rev. of Reviews.*

New Method of Skin Grafting.

Von Mangoldt, of Dresden (*La Semaine Med.*) employs the following method of skin grafting: First he selects the part from which the grafts are to be removed, preferably the inner or outer surface of the arm; then, after thoroughly cleansing and antisepticing the spot, the razor is sterilized and held perpendicular to the skin, the epidermis being scraped away until the papillary layer is reached. In this way a magma is obtained, being composed of extravasated blood and epithelial cells, which is placed upon and pressed into the part to be treated. At times the author first scarifies the part to make sure of adherence. After the foregoing, strips of adhesive dressing are placed over the part. This method, to which the author has given the name of "epithelial sowing," is said to have advantages over the Thiersch method that no pockets of necrotic tissue are closed in by the newly formed skin. After the fifth day the dressing is changed every two days, and the wound gently irrigated with sterile and warmed normal salt solution, and towards the end of the third week the surface shows a normal appearance.—*Philadelphia Polyclinic.*

Ohio State Board of Registration and Examination.

The annual report of Secretary Winders, of the State Board of Medical Registration and Examination, was filed with the Governor February 25. During the year there were 696 certificates issued to graduates in medicine and surgery, 27 for legal practitioners, two for physicians on examination, and eight for midwives on examination. Nine graduates' applications were rejected; also those of thirty legal practitioners, ten physicians on examination, and one midwife on examination. Three certificates were revoked. Since the passage of the law 8,321 physicians' certificates have been issued, 291 midwives', and 330 applications have been rejected. The report of receipts and disbursements since December, 1896, shows a balance in the hands of the State Treasurer, January 10, 1897, of \$21, 597.08; deposited with the State Treasurer in 1897, \$4,322.54; total, \$25,919.62. The total disbursements for 1897 were \$10,429.87; balance, \$16,372.77.

OBESITY.

My personal experience in the treatment of obesity has been as follows: For breakfast the patient is allowed a cup of coffee without sugar, one piece of stale bread toasted, a poached egg or a piece of lean beefsteak. For dinner I allow some meat soup, roast meat with gravy, or fish, peas, beans, cabbage, or, in fact, any vegetable that grows above the ground, and a cup of tea. The supper is made up of a cup of tea without sugar, Vienna rolls, cold meat, cottage cheese, and fruit. Beer and strong alcoholic beverages are forbidden, although in some cases light wines, diluted with alkaline mineral waters, are admissible. A variation of this menu must be made to suit each individual case.

The main point I wish to bring out is not to try or expect to achieve too great a reduction of weight in too short a time. Medical treatment of this affliction to my cases was unsatisfactory. Phytoline, which you have all seen advertised in our medical journals, was tried and I believe did some good. One patient I had took five bottles, and certainly was relieved a great deal. Bladder wrack or fucus vesiculosus has been recommended in plethoric women suffering from menstrual derangement, menorrhagia, etc. In two cases which have come under my care it was of decided virtue. One, a woman forty-two years of age, whose weight at the beginning of treatment on July 10, 1896, was 240 lbs, reported to me to-day (three months later) that she felt better than she had in three years, and had lost thirty five pounds of flesh.—DR. LEE in *Physician and Surgeon*.

THE REGULATION OF MARRIAGE.

The regulation of marriage is contemplated in a bill which has been introduced in the legislature of Ohio by representative Parker. This unique measure provides that all persons about to consummate a matrimonial alliance shall be examined by a board of three physicians—to be appointed by each county probate judge—for the purpose of determining their eligibility for the nuptial rites as regards freedom from insanity, dipsomania, tuberculosis, cancer, criminality, venereal and other hereditary morbidities. *The Cleveland Journal of Medicine* is opposed to the passage of this bill for the following sensible reasons:

“No fact in biology is now better established than that the defective members of society tend naturally to sterility and extinction. Did our criminal and infirm depend upon self-propagation for successors we would never hear any more of the increase of disease, crime and insanity. It is the falling into these classes, from all other ranks of society, of those unfit for the struggle for existence which accounts for the increase of defectives. It is proper to treat them humanely, as is the present tendency of society, but nevertheless, broadly speaking, they are simply the lower branches of the social forest which fail to reach the sunlight of race progress, and under inexorable natural law degenerate, fall to the ground and finally become lost in the mould lying by the wayside of advancing evolution. There is something sinister in the records of all our lawmaking bodies of recent years in the great number of bills proposed and passed which aim to reform man's body and mind by human statute. It is all a distinct sign of degeneration, of reversion to the days of the savage, when the individual was hampered at every step by precise and inviolable rules of procedure, founded, it is true, in superstition, but clearly showing that social evolution is always away from the communistic and toward the freedom of the individual. In the present state of our knowledge, of our social organization, and especially of our politics, it would be the

height of folly and unwisdom to enact such a statute. The weapon of true progress is always education, rarely statute."

Other journals are divided in their opinions regarding the advisability and practicability of such a law.—*Medical News*.

Examination in Anatomy.

At a recent examination by the New York State Board of Medical Examiners, the following were the questions in anatomy, the answer being asked to *ten* only. Those of our readers who are interested in State examinations should preserve this list of questions.

1. Describe the inferior maxillary bone.
 2. Mention the flexor muscles of the leg, and describe one of the muscles mentioned.
 3. Describe the different forms of secreting glands.
 4. Define and describe capillary circulation.
 5. What forms the deep palmar arch?
 6. Mention and bound the ventricles of the brain.
 7. What is the nerve supply of the stomach?
 8. State the origin, insertion, and uses of the tendo-Achillis.
 9. What is the prostate gland? Where is it situated?
 10. Describe the popliteal space.
 11. Give the gross anatomy of the lungs.
 12. Describe the valves of the heart.
 13. Give a description of the pylorus.
 14. Describe the gall-bladder, giving its location and relations.
 15. State the field of operation and the structures pierced in cutting down to a normal kidney.
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INJECTIONS OF ALCOHOL IN CARCINOMA.—Alcohol favors cicatrization in all growths like struma, angioma, cysts, lymphatic gland tumors, sarcoma, carcinoma, and especially carcinoma of the breast and cervix uteri. Under its use in fifteen out of eighteen cases of carcinoma of the breast, the growth gradually dwindled away, until in a year there was nothing left but the connective-tissue stroma, and there has been no return. Five cases of carcinoma of the cervix also recovered completely, and the patients are still living and in good health. The effect on the general health is even more surprising. The pains and uneasiness pass away, and sleep, appetite, assimilation and strength return in a most remarkable manner.—*Hassel in Med. Record*.

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THE PUERPERIUM.

II. THE PERIOD OF LACTATION.—Within forty-eight hours after parturition, the period of lactation begins, continuing throughout the season of nursing until the time of weaning.

As soon after labor as the mother has been comfortably put to bed, and the child's toilet arranged, it should be placed to the breast, not for the usual purpose and necessity of feeding, but owing to the fact that the act of sucking excites the uterus to more vigorous contraction, thus favoring the beginning of involution, and greatly lessening the danger of a sudden and serious hemorrhage. Early and frequently repeated nursings also hasten the secretion of milk. It proves advantageous also to the child in that the colostrum, or early secretion of the breasts excites the action of the bowels and aids in the removal of the meconium. The breasts, at the beginning of this period, become enlarged, rotund, and distended with milk, likewise more or less painful and sensitive. Systemic symptoms, more or less severe, are often noticeable at the time or during the first two or three days of the period; a well defined rigor is not an unlikely peculiarity, followed by a corresponding degree of feverish re-action. Some degree of fever is nearly always present with the appearance of the milk, and is called *milk fever*. This will not, as a rule, assume proportions requiring treatment, and after a few nursings usually it readily subsides. However, it may incline to persist for several days, together with a circumscribed hot, painful, and feverish condition of the breasts. In this event the small dose of aconite and phytolacca should be prescribed every hour.

The period of lactation is likely to continue uneventfully till the weaning time, if the first week is safely passed. During this time there is often an intense engorgement of the glandular structure, owing to an excessive secretion of milk (galactorrhea) which is quite likely to result in a caking of the breast, followed by inflammation, and frequently abscess, unless the pressure and distension are relieved by carefully removing the milk. The child should be allowed to nurse as much as possible, after which the breast pump should be used

without delay, and continue, as need be, to relieve the engorgement. It may be well also to gently massage the glands, as well as support them with the bandage, so as to induce proper pressure, especially when the trouble is pronounced. The aconite and phytolacca may also be called for; likewise natural action of the bowels should be solicited. If this treatment is followed, and the threatened trouble early anticipated, mammary abscess will be of infrequent occurrence.

Oligogalactia, or agalactia, a condition in which there is a deficient amount of milk secreted, is occasionally met with. This often depends on a depraved state of the mother's health, or lack of observance of proper hygienic surroundings. The use of nutritious food and careful attention as to diet, will usually prove beneficial. A glass or two of milk between meals, the use of liquid malt, porter, brown stout, as well as means to aid the digestion and assimilation of food, will be found of assistance. Massage has also been found useful in addition to the other means, in establishing the flow of milk.

It sometimes becomes necessary to arrest the secretion of milk, as in case of the death of the child, or when artificial feeding is decided upon. Various agents have been suggested; usually, however, the secretion will diminish as soon as the child is taken from the breast. Small doses of ergot have been suggested to aid in the drying up of the milk, also iodide potassium, likewise atropia. The local use of spirits camphor to the breasts, together with compression by bandaging, will prove efficacious in most instances.

The child should be weaned, as a rule, at from twelve to fifteen months. Pregnancy occurring during the period of lactation, it will usually be advisable to wean the child, owing to the prostrating effect upon the mother, if continued during gestation, to say nothing of the danger of abortion incurred by continued lactation. R. C. W.

AN IMPROVED MATERIA MEDICA.

Unless we mistake the signs of the times, the dawning of the twentieth century will reveal a marked improvement in our already world-admired and copied-without-credit materia medica. While we are satisfied that we have a most excellent materia medica, we are not content to let opportunities for improvement pass unheeded. For several years past, for some reason or other not as yet explained, our investigations in the line of study into new uses for our drugs have been lagging, as compared with some of the preceding periods of our existence as a school. Some individuals seem to have rested content in the belief that all the specific indications for our remedies have been completed long ago, whereas the threshold has but just been crossed. Prof. Scudder had the foresight, the courage, and the will to lead out in the fight for a better understanding of the uses of medicines, and he gathered together, aided by others, such indisputable

facts concerning medicines as now constitute the majority of our specific indications. He himself knew only too well that he had but driven the entering wedge, and desired that his followers should carry on the work with the same zeal, scrupulous care and exactitude, that characterized his efforts.

Now, at the close of the century, we are glad to observe more space given in our journals to the study of drugs and their applications. So much importance has the subject assumed, that clubs for the study of materia medica have been formed in some sections of our country, and are doing excellent work in this direction. Most State Societies now devote a section not only to materia medica and therapeutics, but are drawing the line more closely, and are carrying on the work in specific medication. Never was there a better time for making improvements in our materia medica, now that the new movement has begun.

It must not be understood, however, that all have been negligent, if silent, in this matter, for here and there we have found physicians who are quietly pursuing investigations which are sure to better our treatment of the sick. Standard Eclectic text and reference books are now being evolved, which devote their pages largely to the exposition of the new uses of remedies in the smallest possible doses to obtain direct effects—such uses being based on clear specific indications for their exhibition.

While, as we believe, our Eclectic materia medica is, as it now stands, the best existing collective exposition of the rational use of medicines, it can, in our opinion, stand a vigorous weeding. Like all other systems of therapeutics, in gathering the grain it has also gathered some chaff. It is this chaff that we desire to winnow out. No one man can accomplish this work. As in the past the chief work in the field of medicine has been done by active, though often obscure, practitioners, so this new work must be done by them also. Plenty of commendatory articles concerning drugs are presented to our journals, but, as a rule, those showing the inefficiency and negative qualities of drugs are the exception.

The therapeutic possibilities of many of our older drugs are as yet undreamed of; while many of the careless and immoderate statements made concerning their efficiency in cancer, epilepsy, hydrophobia, etc. have led physicians to wholly disregard these remedies, even to refusing a consideration of them for any purpose. It is a notable fact, if one will take the pains to scan the pages of his books on therapeutics, that the most intractable and even incurable disorders have the largest number of remedies accredited as curative of them. This is very apparent when one reads a "clinical index" to the use of drugs.

The remedy is, we believe, within our reach. We need a *comparative* investigation of the possibilities and uses of our remedies, undertaken by a number of active practicing physicians, and pursued upon the same drugs for a prolonged period. This means work, but

work that will pay. By keeping absolutely correct notes of the observations made, and a comparison of such notes, eliminating points of disagreement, or at least making a secondary part of them, we can arrive at results in a restudy of our materia medica that will be of lasting benefit to our readers and to our school at large. In this way the exact indications can be arrived at very quickly. H. W. F.

WHY MEDICATION SOMETIMES FAILS.

The old question, "Why do remedies sometimes fail and at other times cure, when apparently the symptoms are the same in each case?" arises after one or several failures have occurred with a definite medicine. I am a firm believer in the doctrine of specific medication as taught by our school. When there is a failure, good reasons may be found for it. While the symptoms are apparently the same, the conditions may be entirely different, and when these differences are fully recognized, the cause of the failure of the remedy is made plain. To illustrate, let us take a case of chorea. In looking over the literature on this subject, it will be found that macrotys, arsenic, hyoscyamin, valerian, the bromides, chloral, graphites, copper, charcoal, phosphorus, acid solution of iron, etc., are commended. For some the indications are given, while in others the agents are used empirically. Now, one who practices specific medication would confidently administer a remedy which a certain group of symptoms told him had been present previously where this agent proved curative.

If, in addition to the involuntary movements, there was muscular pain, with a sense of soreness of the tissues, or if there were menstrual derangements, he would prescribe macrotys, and confidently expect improvement, and if this result was not attained, his faith might with good reason be somewhat shaken in the agent. For example, June 25th, a lady brought her little girl to the office, suffering with this distressing condition. After studying the symptoms of the patient, macrotys and gelsemium were given, they seemingly being indicated. A few days after, the mother reported that the child was no better, and another prescription was made. In four or five days the mother returned with the child in a much worse condition. Then, what I should have done at her first visit was undertaken, namely, examination of the clitoris, first anesthetizing the little patient. Adherent hood was found, which was dissected back, the clitoris freed, and the indicated remedies administered. The next day the child would not have been recognized as the same girl, so marked was the improvement. Specific medication was continued, and the indicated remedy completed the cure.

Again, take incontinence of urine, that most distressing symptom which we so often meet in children. The doctor has given faithfully the specifics—belladonna, thuja, rhus aromatica, galvanism, and perhaps a dozen other remedies which, under proper conditions, are

prompt in action. Each time he prescribed he may have had a group of symptoms calling for the special remedy, yet when it was given a failure followed, and the little patient continued to wet the bed. Now circumcise this same patient, and lo! the conditions are changed, and the indicated remedy at once completes the cure in short order, as a recent case has proven.

Some time ago a physician presented his wife for an examination. She complained of various distressing feelings, chief of which was hot flashes, and a burning sensation of the skin. There was a sharp stroke to the pulse, and elevated papillæ on tongue. The indications were plain for *rhus tox.* and *apis*, yet these agents had been faithfully given, together with *pulsatilla*, *macritys*, etc., but yet no relief. An examination of the rectum revealed the whole trouble, and after this wrong had been corrected, the indicated remedy completed the cure.

These are but a few cases of many that might be cited, where the failure is not the fault of the indicated remedy, but in our failing to remove the accompanying conditions that necessarily prevent the curative action of the remedy. As we study our cases more carefully, we find specific medication a grand success.

R. L. T.

DAMIANA.

This remedy has been variously damned and praised; the *pro* and *con*, in our opinion, respectively depending upon the fact whether the report was based upon the genuine or upon a spurious damiana. Unless the spurious in medicine is always carefully avoided, curses and not cures are sure to follow, and one's confidence in drugs is certain to receive some hard knocks. Genuine damiana is of Mexican growth, and is, we believe, an active drug. Tonic, aperient, laxative, diuretic, and last but not least, aphrodisiac properties, are ascribed to it. Our experience with damiana—and it covers a close study of it in a great number and variety of cases—leads us to say that when its prescription is based upon such indications alone, disappointment and dissatisfaction are not rare sequences. It is true that it is tonic and stimulant, but whether it is either aperient, laxative, diuretic, or aphrodisiac, we doubt. Any of these latter effects may be due to its tonic or stimulant action. The key-note to its prescription is, *want of tone, depression*, and when the genuine article is given in appreciable doses, it favorably impresses the intestinal tract, the nervous system, and the genito-urinary apparatus in both male and female.

When given in impaired digestion or nervous dyspepsia, damiana soon gives relief, and overcomes the attendant constipation. Damiana is an excellent remedy in a majority of the cases of neurasthenia, neuralgia, sick headache, migraine, etc., that we meet in every day practice. It brings positive results frequently in paraplegia, hemiplegia, and in amenorrhea, etc. It is an excellent tonic, or we might say of especial value, in chronic respiratory lesions of the "below-par" variety, accompanied by severe cough and hypersecretion.

Through its tonic effect damiana relieves many cases of catarrh of the urinary mucous surfaces, both of the kidney and bladder. It proves efficient frequently in prostatorrhea and in spermatorrhea. It has no superior, if an equal, as a remedy to overcome the effects of sexual excesses. Under its influence we have seen a soft, tender testicle relieved of pain in a few days, and return to its accustomed size within a week. We believe that damiana is as likely, if not more likely, than saw palmetto to increase the size of the testicle and mammary gland. Damiana was originally introduced as an aphrodisiac, and to day it is a constituent of many pills and compounds of this kind. Failure frequently follows their administration. Why? Partly because of the uncertainty attending pills, and partly because damiana is the indicated remedy in only a small per cent. of them—the *atonic* cases, the cases of functional impotency. The damiana patient is the one of atony; he looks as though he were just recovering from a long and serious illness. Damiana is no more a specific for impotency than is iron, phosphorus, nux vomica, or saw palmetto. And we believe that, like them, it has no special or specific action upon the sexual organs, but that it affects them through its general tonic effect upon the whole body—its blood making powers. Plenty of good blood is the best cure for diseases of the nervous system. Plenty of good blood is the best cure for diseases of the respiratory system. (It will even cure phthisis pulmonalis.) Plenty of good blood will cure diseases of the genito urinary or any other system of the body.

Finally, damiana made from the true drug and in a proper manner, and given in properly selected cases, is an excellent remedy—one that will please you. On the other hand, spurious damiana, given in a hap-hazard way, to any or all of the impotent imps of the country, is damnably disappointing damiana. The specific medicine damiana, generally in use among Eclectics, is made from the true fresh leaves, and is used in doses ranging from the fraction of a drop to two drops, well diluted in water, given every two to four hours. W. E. B.

TUBERCULOSIS.

In the treatment of tuberculosis of the osseous tissue, I always commence with a free incision through the center of the fistulous track, extending through the cutaneous tissue. The edge of the fistulous track is then seized with the dissecting forceps, and a free circular or elliptical incision in healthy tissue is made through the skin and fascia, and the fistulous track completely dissected out, leaving no remnants of the fistula. This circular dissection around the fistulous tissue is advanced until the osseous tissue is reached, then the periosteum is incised, and with chisels, gouges, and bone curette, every vestige of the tubercular lesion is removed as thoroughly as possible. The wound is then freely dusted with pulverized iodoform, and packed quite tightly with iodoform gauze, and the external wound

dressed with iodoform gauze, layers of plain gauze, and absorbent cotton; and in those cases where there is much tendency to oozing of sanguineous fluid, I use the jute dressing next to the iodoform gauze, which allows free drainage of the fluid discharge away from the wound, and in the dressing prepared for receiving the same.

My manner of dealing with all tubercular fistulous tracks in any part of the body, is after the above description. I never feel satisfied with the patient's condition with anything less than a complete dissection and removal of all the tubercular lesions.

Recently, at the Betts Street Hospital, a patient was received from one of our prominent physicians in Paulding county, suffering from a tuberculosis of the 7th, 8th, and 9th ribs at the sternum attachments, and extended from the middle of the gladiolus to near the inferior portion of the ensiform cartilage. There was an enlargement included in the above described diseased tissue the size of a man's fist. The patient had been a sufferer for some months, having had night sweats very severely, with high temperature and quite a distressing cough. There was a little fistulous track about the middle of the 8th rib, on its inferior border, that gave out a little discharge of a watery, sanguineous pus mixture.

When the patient was placed under the influence of an anesthetic, a free incision was made, splitting open the fistulous track, carrying the incision forward toward the enlarged diseased mass. The fistulous track was then dissected up circularly, and found to press upward and into the tubercular foyer, which was freely laid open, the three ribs exsected, and the greatly thickened sternal tissue freely dissected and removed, until the tubercular tissue seemed to be completely obliterated. The patient's temperature, which had been for several days above the 100 mark, came down to within half a degree of normal, and remained there until his return home from the hospital. The distressing night sweats disappeared after the first forty-eight hours.

I recite this case and its happy termination for the purpose of calling the attention of our surgeons to the method of immediate intervention in these tubercular lesions, and the good results that can be attained by thoroughness in dealing with tuberculosis. This case, then, was surgical, and it must be conceded, beyond a reasonable doubt, that the patient could never have been rescued by medicinal remedies.

L. E. R.

APIS AND ŒDEMA.

The indications for apis, as given in the *Eclectic Compendium*, are—œdema, with itching, burning, and smarting of the parts. While apis is now frequently prescribed by the writer, it was not so in former years. Having somehow become imbued with the idea that the remedy was worthless, suggestions from those who recommended it were received with a feeling of indulgent incredulity, and thus stubborn skepticism deprived me of a valuable weapon against disease. Within

recent years apis has been given in oedema, when accompanied with itching, burning and smarting, and has relieved the condition wherever situated.

Oedema is only a symptom, the causes being varied. It may result from cardiac, renal, or hepatic affections, thrombosis, embolism, chlorosis, or anemia. Judgment and reason must be exercised in the treatment of disease, and we should not expect to cure dropsy when caused by incurable lesions. Yet some cases have been cured by apis and iron in which there was evident heart complication, as shown by cardiac irregularity, palpitation, dyspnea, anemia, and great general distress, with tissues soft, pitting deeply upon pressure.

Apis will relieve oedema when there is smarting, burning, and itching in the parts. It will relieve the smarting, burning and itching in chronic leg ulcers, if the parts are cedematous. Conjunctivitis with burning, smarting, and itching in the eyelids and surrounding tissues, if accompanied by oedema, will be relieved by apis. Apis will relieve like conditions in erysipelas. It will relieve these symptoms in the urethra when accompanied by oedema in any part of the body. It is not so effective in gonorrheal smarting, nor in cystic irritation, nor in irritation from acrid leucorrheal discharges, but will sometimes afford relief.

This remedy is recommended by many writers for various conditions, and has been used at intervals for almost a century. I have never found it of any special value in any condition, unless there was oedema with burning, smarting, and itching. With these indications, no matter what the disease, it has been found effective. L. W.

AGE AND SEX.

The difference in the action of medicines upon the child, the adult and the aged, is such that successful medication depends upon its recognition. Children require smaller doses and respond more readily, because the hardening influence of time and of life's vicissitudes have not dulled the sensibilities of a growing nervous system. In them the symptoms are more marked, the temperature goes higher, the pulse is more rapid, pain more acute, nervous disturbances and convulsions more frequent.

The temperature of the body is normally higher in childhood and infancy than in adult life or old age; it is also more easily elevated or depressed, slight causes such as a fit of crying or violent play being sufficient to raise the temperature above normal. In old age the bodily temperature is lower and less readily disturbed. Grave states of disease, accompanied by serious local inflammation, as pneumonia, may not be attended with a general rise of temperature in the aged. In infancy, symptoms are more purely objective.

Aside from organic sexual differences, there is in the female a more impressionable nervous and emotional condition, which must always

be considered. Women, as a rule, are more sensitive to the personality of the physician, and more amenable to sympathy, gentleness, and kindness. Repulsive remedies, coarseness and harshness upon the part of the medical attendant, lack of sympathy and unkindness in nurse or family, will do much to retard or prevent recovery.

Many times our female patients will not respond to treatment until sources of mental worry or irritation are removed. In some cases there is no organic lesion, still medicines are ineffectual. A recreant lover or a profligate husband may be the sole cause of prolonged invalidism; jealousy, envy, disappointment, or discouragement, may defeat our best curative efforts, if we are not fortunate enough to discover a cause sometimes well hidden. So called wonderful cures often occur in these cases, due to a change in circumstances with which medication had nothing to do. It may then happen that the physician is so impressed with what he supposed to be the action of the remedy he was giving at the time, that he reports to the medical journals the result, being anxious to inform all his brethren of the virtues of the remedy. In fact the return of an estranged lover may have had more to do with the recovery than all the medicine in the doctor's case.

It is in such nervous states that the faith cure and other forms of hypnotism are most effective. Hypnotism is a valuable aid to the physician in selected cases, and he should not hesitate to exert this influence when he can thereby benefit his patient.

L. W.

DANGEROUS MEDICINES.

It seems from a report in the *Philadelphia Record*, that the army surgeons are concerned seriously in investigating the tablet subject. It is stated that although tablets have been used in the army for some time, no investigation of their efficacy had been made until last year. The following part of the report would seemingly speak plainly to these men, and teach them that where liquid medicines can not be obtained, it is their duty to either dissolve or powder their tablets:

"Tablets of bromides, iodides, chlorates, and other salts, are highly irritant to the gastric mucous membrane when swallowed without dilution. This surgeon reports that the commonly used tablets of bicarbonate of soda, soda mint and carminatives, actually aggravate instead of relieving dyspepsia, when swallowed whole. Tablets of sulphonal, he says, pass unchanged through the alimentary canal, and work no good except through the imagination, unless they are powdered."

And now we have a word, "I told you so," to say. In the beginning of the tablet craze, Dr. J. M. Scudder, then editor of this JOURNAL, warned its readers concerning the risk of using them. At that time, he referred particularly to tablets made of liquid preparations of plants, which are of no value whatever. He did not presume to oppose tablets made of fixed chemicals, although grave doubts con

cerning them were to be entertained. These fears, it is evident, are now realized in many cases where seemingly such tablets might theoretically be good medicines. This is shown by reports concerning inflamed, even perforated stomachs, where undissolved tablets have lain in contact with its membrane; and the fact that much harm may result both to the stomach and intestines, by these compounds, is fast becoming recognized. It is therefore not a matter of surprise to find that serious consequences are resulting in the army where few questions are asked, and the most powerful remedies are dispensed in tablet form with lavish hand.

THE COLLEGE SESSION.

Before the next issue of the JOURNAL reaches its readers the College session will have commenced. We predict good sized classes of well qualified students all around for the institutions that make no attempt to evade the issues that confront progressive medicine. The blight will surely strike those that evade their duty. The graduates of our colleges must not run any risk of loss of position through errors or irregularities of their alma mater. The handwriting is on the wall. The College that evades any issue now confronting medical education breeds trouble for itself and professional disaster to its graduates. Let every member of every Eclectic Alumni Society, and every graduate of every Eclectic College take a personal interest in supporting the highest educational stand of the institution from which he graduated. This is of vital interest to us all and more so to himself.

The man who holds a diploma of a disfranchised college, or of a college under a cloud, loses his professional place, as he will find to his sorrow. We have none too many Eclectic colleges; indeed, there is room for others. There is a demand for more physicians than all can possibly supply. But there is no room among us for anything less than the best; there is no excuse for a man with the good of the cause at heart advocating lowering the standard in order to save a few cents to a student or to increase the size of a class.

We speak by authority for the Eclectic Medical Institute of Cincinnati, when we say that no special privileges will be given any student over another; no published rule will be broken in order to secure students; no method that may rise up in the future to discredit our alumni and ourselves will have a hearing. Pleadings by misguided men, who, looking only at one side of an issue, ask special favors, which, were they granted, would wrong all other members of the class, as well as the college and its alumni, can have no weight with us.

ECLECTICS IN THE ARMY.—The very interesting article on this subject in the department of "College and Society Notices," on page 507 of the last issue of the JOURNAL, should have been credited to Dr. David Williams, of Columbus, O., who is too well known to need an introduction to our readers.

CEANOTHUS AMERICANA.

This is the old Jersey or red root tea, and has been in use for a long time. We do not believe the younger element of our school uses it so frequently as did the older brethren. Various properties—astrigent, antispasmodic, sedative, etc.—have been ascribed to it; but our prescription of it is never based upon such indications. We believe that it exerts a specific action upon both the liver and the spleen, and through this action it favorably impresses the digestive tract and the portal circulation. It is not the remedy for acute attacks of hepatitis and splenitis. In the latter, *polymnia uvedalia* is preferable to it. But after the acute stage has passed, and there remain pain and soreness in the left side over the organ, and there is evidence of fullness or enlargement of the spleen, *ceanothus* should not be overlooked. This fullness or enlargement, together with a full, expressionless face, and a sallow, doughy skin, are the specific indications for the prescription of the drug.

Many catarrhal conditions of the mucous membranes generally, when accompanied by profuse secretion, and in which there is an absence of inflammation, are benefited by *ceanothus*. Among these we might mention chronic bronchitis, asthma, some cases of dysentery, etc., and as a remedy in old cases of gonorrhea, that have withstood many medical onslaughts for months, *ceanothus* has done exceedingly well.

An infusion of *ceanothus* forms an excellent gargle or wash to diseased mucous surfaces, and may be used with benefit in aphthæ, ulcerated sore throat, scarlet fever, etc. Borax, chlorate of potassium, hydrastis, etc., may be added to it, but we doubt whether any of them will add much, if any, to its efficacy. As a wash or injection for cancer of the womb, etc., the infusion will prove as curative as any thing else. Of the specific medicine *ceanothus*, we usually add from ten drops to two drachms to four ounces of water, of which mixture a teaspoonful is given every one to three hours.

W. E. B.

Treatment of Varicose Veins.

In the treatment of varicose veins of the lower extremities, associated with ulceration and repeated hemorrhages, the best manner of dealing with this lesion is by a careful opening of the tissues down to the vein, and a complete dissection of the vein under aseptic precautions, after which the wound is carefully approximated with subcutaneous silk-worm-gut sutures. The limb is then carefully bandaged and elevated, and the patient required to remain in bed until complete union has taken place.

L. E. B.

PROF. FOLTZ.—Kent O. Foltz, M. D., who will occupy the chair of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute the coming year, has permanently located in the city, and is now ready for business. For the present he can be addressed at 1009 Plum street.

BOOK NOTICES.

ADVANCE NOTICE.—KING'S AMERICAN ECLECTIC DISPENSATORY.—New edition. Entirely re-written and enlarged by Harvey W. Felter, M. D. and John Uri Lloyd, Ph. M. Two volume edition, royal octavo, each volume containing over 950 pp. with complete indices. Cloth \$4.50 per volume post-paid, sheep \$5.00 per volume post-paid. Advance subscriptions received by the Scudder Brothers Co., 1009 Plum St., Cincinnati, O., General Agents. First volume ready September 10.

PREFACE.—When the undersigned, in 1880, promised his venerable friend, Prof. King, to revise the pharmaceutical and chemical sections of the American Dispensatory, if it became necessary, he did not underrate the magnitude of the undertaking, and when the publishers finally decided to issue a new edition he approached the task with apprehension. It soon became evident that the work was even greater than he anticipated, and that the pharmacy and chemistry of the book could not be revised, but must be re-written. In consequence in addition to his own labors, almost the entire time of Dr. Sigmond Waldbott, librarian of the Lloyd Library, has for a long period been devoted to bibliographical research. Had it not been for the care and patience of this gentleman and the books of reference at his command, the efforts of the undersigned would have been sadly ineffectual, especially in the matter of foreign chemical and historical data. The writer can not forbear adding that monetary considerations could not have induced him to undertake this enterprise, and that no material return whatever accrues to him from this publication. The exacting researches necessary have been undertaken on his part altogether as a work of love, his uttermost desire being to fulfil his promise, and to credit the memory of Prof. King. If these objects have been attained, and the pharmaceutical and medical professions are also benefited by his efforts, he will be amply repaid.

J. C. L.

In addition to the entire medical section of this work, the undersigned has undertaken the portion embracing botany, botanical his-

tory, and botanical description. Most of the material pertaining to the older Eclectic practice, found in former editions of this work, has been properly credited and retained. Many of the personal statements, and all of the uses, ascribed to special formulæ of the late author, Prof. John King, M. D., have been retained intact; in a few instances, where personality demanded, his initial (K.), or the full name (John King), has been appended. The aim, however has been to modernize the therapy of the book, and with this object special pains have been taken, whenever possible, to give fully and clearly the specific indications and uses of each remedy. A dispensatory must of necessity be largely a compilation. The use of a remedy that is not approved by the compiler, but which is indorsed by many physicians, may consequently demand recognition which might properly be excluded from a work on materia medica intended to voice the author's experience. The aim has been to avoid commending excessive doses, though, in order to conform to the views of some authorities, large doses of some remedies have been recorded. This is especially true of many compounds used according to old style practice.

The influx of a large number of new remedies, synthetic or otherwise, has necessitated reference to some of their reputed therapeutic properties. We have therefore ascribed to them such values as have been reported by physicians through periodicals, pamphlets and other sources. In this connection it may be stated that we have not neglected to record the uses of many semi-professional proprietary compounds and the patented chemicals now in considerable favor with many physicians, especially of the regular school. Concerning these remedies, our remarks, however, have been exceedingly conservative.

Liberal use has been made of the various Eclectic journals, State and National Transactions, and Eclectic Annuals. We have drawn freely from Webster's *Dynamical Therapeutics*, Scudder's *Specific Medication*, *Specific Diagnosis*, and *Diseases of Children*; Locke's *Syllabus of Materia Medica and Therapeutics* (Felter); and Watkins' *Practice of Medicine*. We also acknowledge our especial obligations to the editorials of Prof. Bloyer, and the contributions of Profs. Freeman, Thomas, and Wintermute in the *Eclectic Medical Journal* and the *Eclectic Medical Gleaner*, the editorials of Prof. Ellingwood in the *Chicago Medical Times*, and the contributions of Prof. Fearn and others in the *California Medical Journal*. To these and to all others who have directly or indirectly assisted in the therapy of the book, the writer herewith extends his sincere thanks. H. W. F.

ADVANCE NOTICE.—ELLINGWOOD'S SYSTEMATIC THERAPEUTICS.

We have had the pleasure of looking over a number of pages of proof of the forthcoming work under the above title. The book is to be ready about December 1st. It will contain a short treatise on pharmacy by Prof. Lloyd. The Organic Materia Medica will be written by Prof. A. W. Smith, of Chicago; Therapeutics by Prof. Elling-

wood, the well known editor of the Chicago Medical Times. The book will treat of about 400 remedies, and the author will try to gather all of the important observations made in current Eclectic literature during the past fifteen years. The book will be royal octavo between six and seven hundred pages, and will sell for \$5.00 in cloth.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES, including a brief treatise on the pathology and treatment, by Prof. Dr. Franz Ubracek, of Vienna. Authorized translation from the German. Edited by L. Balton Bangs, M. D., the well-known surgeon of New York. 71 colored plates. Philadelphia, W. B. Saunders. 1898. Price \$3.50 net.

This is another of the famous Lehmann Hand Atlases that Mr. Saunders is having translated into English, and edited by the foremost American specialists. For scientific accuracy, pictorial beauty, compactness, and cheapness they are not only unsurpassed, but unequaled.

The volume before us is a beauty. The illustrations by Mr. Schmitson are masterly reproductions, and the physicians who are not "up" on the various venereal eruptions will find in this book "a friend in need." Another commendable feature of this book is that it is not filled with the very uncommon cases—the freaks that are found only in great clinics—but a certain, plain, practical, good common sense is displayed in selecting the material, and in presenting it in the form best fitted to the needs of the physician who has not had great clinical advantages. Prescriptions are expressed both in apothecary's weight and metric system. The drugs prescribed of course are the usual ones prescribed by the Germans and old school men. Eclectics can easily substitute Eclectic remedies after the diagnosis is once clear. We commend the book. It is worth the price to any practitioner.

Physically the work is fully up to Mr. Saunders usually high standard.

W. E. B.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS—A PRACTICAL TREATISE ON THE DISEASES OF WOMEN AND THEIR TREATMENT BY ELECTRICITY. By G. Betton Massey, M. D. Cloth, \$3.50 net. The F. A. Davis Co., Publishers, Philadelphia.

The author and publisher of this work on Electricity and Diseases of Women, are certainly to be congratulated upon the production of this book, with its advanced ideas of the latest application of electricity in the medical and surgical treatment of women.

The scope of the work is quite a departure from the average publications on medical and surgical gynæcology. I would not have it understood that the author has made any great departure from the methods as suggested by Apostoli and illustrated and emphasized by the great Scotch surgeon Thomas Keith. But I would have the reader understand that to the testimony already offered by Apostoli, Keith and others in the field of labor, the author has intensified the import-

ance of the use of electricity in the treatment of fibroid tumors and cancer. The verdict, however, of "not proven" must be placed against the author's reported cures of carcinoma by the use of electricity.

However I shall offer my commendation upon this production, and advise our men to secure the work.

L. E. R.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Suckerkandl. Privat-docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia. With 24 colored plates and 217 illustrations in the text. 390 pp. Price \$3.00. W. B. Saunders, Philadelphia.

This is the most recent issue of the series of atlases now being published by Mr. Saunders. The work is an excellent specimen of the bookmaker's art. The colored plates are true to life and not fancy cuts. They leave no feeling of incompleteness. Those showing the ligation of arteries are specially fine and the merest tyro in surgery could not fail to find and ligate an artery with these drawings before him. Almost every operation the surgeon is likely to be called upon to perform is described with such minuteness of detail, every step so plainly shown by wood cut or colored plates, that mistakes seem impossible to the beginner. This atlas will prove a great help to surgeons and students of surgery. No physician who does surgery at all can afford to be without this book.

L. W.

PRACTICAL NOTES IN QUALITATIVE ANALYSIS AND IN CLINICAL MEDICAL CHEMISTRY. By Charles Platt, Ph. D. Pp. 151, interleaved. Philadelphia: John Joseph McVey, Publisher. 1898. Price, \$1.50.

In this handsome volume we have presented an excellent manual of chemical analysis for the student and practitioner. The work is divided into three sections, one on qualitative analysis, one on the carbohydrates, proteids, fats and oils, and a third (clinical), treating of the blood, urine, gastric fluid, milk and water. An appendix of valuable tables completes the book. While the whole work is admirably prepared, the last section will particularly commend itself to the student and doctor. Particular parts of the work which we would endorse are the sub-sections showing the relationship between chemical conditions and disease, thus making the work a practical aid to the general practitioner, who ordinarily cares but little for the dry details of chemistry unless he can see their adaptability to his purposes in the understanding and treatment of disease. This book should be a part of the students outfit.

H. W. F.

DOSE BOOK

GIVING USES,
INDICATIONS AND DOSES OF

SPECIFIC ❖ **MEDICINES**

PREPARED BY

PROF. J. M. SCUDDER, M. D.,

WITH INDEX ARRANGED BY

PROF. W. E. BLOYER, M. D.

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as they always have been and always will be, the
BEST MEDICINES in the world, and the foundation
stones, upon which the superstructure of Eclectic
Medicine has been built, and upon which it rests
unshaken."**

EDITORIAL FROM E. M. JOURNAL.

ASEPSIN SOAP.

MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges, and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere,—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition than they have been for a number of years.

R. W. CHALFANT, M. D., Bellfontaine, O.

Have been using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge, N. Y.

Asepsin Soap is the soap

A. P. STEWART, M. D., Stewartstown, W. Va.

I have used a round dozen of your soap on the small-pox patients at the pest house, and think it is the best soap I ever used.

W. H. HATCH, M. D., Lincoln, Neb.

PRICE, \$1.40 PER DOZEN.

A box containing one-fourth dozen cakes will be sent by mail post-paid, on receipt of 50 cents.

LLOYD BROTHERS, Cincinnati, O.

COLLEGE AND SOCIETY NOTICES.

THE SOUTHERN ECLECTIC MEDICAL ASSOCIATION—For several years some of our best men in the South have thought it expedient for the good of Southern Eclecticism to organize a Southern Eclectic Medical Association. In view of that, the Tennessee Eclectic Medical Association at its meeting last May, appointed a committee, whose names appear below, to solicit members and to arrange for perfecting the organization of the proposed Society.

We want names of doctors who will become charter-members. Let us have a large number of "volunteers." The *Georgia Journal* will print the names of those who enlist for the organization. The time and place for meeting will be determined hereafter. Who will be first? Let us have a good number by October. It is to be loyal to the National Eclectic Medical Association.

Address either of the following: W. H. Halbert, M. D., Chairman, Nashville, Tenn.; F. P. McKeel, M. D., Nashville, Tenn.; Benj. L. Simmons, M. D., Atlanta, Georgia.

THE Eclectic Medical Round Table held its regular meeting at the office of Dr. J. J. Burton, in Martin's Ferry, Ohio, with a good attendance. Papers were read by the following members: Dr. J. J. Burton, "The New Baby, its Management and Treatment;" Dr. J. A. Monroe, of West Alexander, Pa., "The Slit Operation in Hemorrhoids;" Dr. Mary (Baron) Monroe, of Wheeling, "Curetting Without an Anesthetic;" Dr. J. R. Manley of Wheeling, "Tabes Dorsalis, Treatment and Management"; Dr. L. S. Riggs, of Wheeling, "Diphtheria and Treatment." Each paper was followed by discussion by the members. The next meeting is to be held at the office of Dr. L. S. Riggs, Wheeling, the first Thursday in September.

The Texas Eclectic Medical Association will hold its annual meeting in Dallas, October 10 and 11. Occidental hotel will be headquarters, and the business meetings will be held in the T. P. A. Rooms in the hotel. Railroad rates will be low from all parts of the South-west because of the State Fair.

L. S. DOWNS, M. D. Secretary,
Galveston, Texas.

The eighth annual meeting of the Oregon Eclectic Medical Association will convene in Salem, Or., Wednesday, Sept, 28, at 10 A. M. Addresses and papers are expected as follows: Annual Address of President, R. O. Loggan, M. D.; The X Ray and Some of Its Uses, H. E. Curry, M. D.; Neuroses of the Stomach, Chas. Band, M. D.; The Twelve Tissue Remedies of Schussler, A. A. Leonard, M. D.; Emergencies, Surgical, Etc., A. S. Henderson, M. D.; Chloroform, Its use in Obstetrics, G. W. McConnell, M. D.; Psychological Therapeutics, W. S. Mott, M. D.

THE date for the Kentucky State Meeting has been changed from October 4th to November 8 and 9, as it was thought a larger attendance can be secured at that time. All Kentucky Eclectics who intend being present, and any visiting physicians from other States, should write to the Corresponding Secretary, Dr. W. R. Ruble of Bowling Green, at once. A reduced railroad rate of a fare and a third will undoubtedly be secured.

THE Annual Meeting of the Ohio Central Eclectic Medical Society and Picnic was held at Minerva Park, Columbus, August 10th. Well filled baskets in the beginning of the day and well filled stomachs at the close of the day were prominent features. A jolly good time was enjoyed by all. The next meeting is September 8th. Papers by Drs. S. M. Sherman, Pelvic Cellulitis; L. E. Park, Apoplexy.

PERSONALS.

Dr. Charles L. Olsen, E. M. I. '98, successfully passed the Utah State Board examination, and is now practicing at Payson, Utah. We shall publish a few of the questions asked him in the next issue of our JOURNAL.

Dr. Charles M. Sparks, E. M. I. '83, of 3449 Eastern Avenue, has just received the appointment of District Physician for the 20th district. He is the first Eclectic appointed under the new administration.

Dr. Thomas Bowles, E. M. I. '98 has been appointed United States Pension Examiner at Harrison, Ohio. We offer our congratulations.

Dr. W. R. Ruble, E. M. I. '87, is favorably fixed at Bowling Green, Ky., and he is doing well. Dr. G. T. Fuller, formerly at Lowes, Ky., has succeeded to the Mayfield business of Dr. Ruble, and is doing well. He is now a member of the Kentucky State Board.

Dr. J. J. Burton, E. M. I. '76, is a Knight of the Round Table. He is doing a good business at Martin's Ferry, O. The Round Table is an Eastern Ohio Eclectic Medical Society. Kentucky and West Virginia contribute some members. It is a flourishing organization.

Prof. E. L. Standlee, M. D., of the American Medical College of St. Louis, Mo., has recently been reappointed to the State Board of Health. The Governor, as well as physicians of all schools, readily recognized his ability and worth.

Dr. Ralph B. Taylor, E. M. I. '98, is now happy and busy as the partner of his cousin, Dr. A. P. Taylor. Their office is 6th and High streets, Columbus, O. Both are to be congratulated.

Dr. S. D. Packwood, E. M. I. '89, continues to do well at St. Joseph, Mo. Several Eclectics are now located in that little city. They all do well.

Dr. H. C. Linkenbach-Dorman, E. M. I. '91, is doing nicely at San Bernardino, Cal.

ORIGINAL COMMUNICATIONS.

COMPLICATIONS IN RECENT CASES OF ABDOMINAL SURGERY.

By Prof. L. E. Russell, M. D., Cincinnati.

ABOUT the middle of June I was called in consultation to assist Dr. Hennel, of Coshocton, and Dr. David Williams, of Columbus, to do a laparotomy on account of pyo-salpinx, at the Presbyterian Hospital, in the city of Columbus. On making a bimanual examination of the cases prior to opening the abdomen, we found the womb bound down posteriorly, and all of Douglas cul de sac obliterated by this adhesive inflammatory product. The tubes, by an examination bimanually, gave, however, much enlargement, and greatly immobilized the pouch. The patient, the mother of two children, had, during the last confinement, sustained a severe laceration of the uterine cervix, followed by septic infection, which undoubtedly was the provoking cause of the pyo salpinx.

We opened the abdomen, and afterwards placed the patient in the Trendelenberg position, on a table that was recently invented by Dr. Baldwin, a leading gynecologist of Columbus, who honored us by being present at the operation. On the left side in the pelvis we found an enlarged cystic degenerated ovary, and a tube that had been enlarged to ten times its normal size, and the adhesions extended from the fimbria to the colon, where it was dissected off with much difficulty, at the expense of the tube. The right ovary and tube had together formed a tumor mass about the size of the fist, with adhesions to the sacrum and hollow of the ilium, so that the retro-peritoneal tissue had to be dissected up, and the tumor mass taken from behind it, the peritoneum afterwards replacing the space occupied by the tumor mass. On account of the complete adhesion of the diseased womb to

the sigmoid flexure of the colon, it was deemed advisable to complete the operation by an abdominal hysterectomy, which was accomplished after some little trouble, on account of the enlarged blood-vessels which had been provoked by the pelvic inflammatory conditions.

Drainage was made through the opening in the posterior vaginal vault with a long strip of iodoform gauze, extending up into the pelvis, and covering all the bleeding tissues from which the organs had been dissected. This iodoform gauze was placed in plaits or folds, so that each day it could be gradually pulled down and removed; so that by the third day we had it completely removed from the pelvis. The abdominal wound was closed by the suturing of the various tissues with cat-gut, and all reinforced by a few silk-worm gut sutures through all the tissues of the abdominal wall, after the usual manner of placing sutures.

The patient made an uninterrupted recovery, and left the hospital for her home at Coshocton within three weeks from the time of the surgical operation.

At the St. Vincennes Hospital at Indianapolis, on the 18th of June, assisted by Drs. Crow, Curryer, Long, Winter, and other men of our school in that city, I operated upon a woman 55 years of age, and removed an ovarian tumor weighing fifty pounds. There were adhesions of the omentum to the upper border of the tumor to such an extent that it required several sections of the omentum with sutures, before the omentum could be separated from the tumor mass. The patient had suffered greatly from an umbilical hernia, caused by the protrusion of one of the multilocular cysts, and to remedy this defect, and elliptical incision, including all of the umbilicus, was removed, and in the closure of the abdomen, the single line of incision was all that was left of the defect.

On drawing the fluid from the tumor, we found that the vermiform appendix had become adherent to the side of the tumor, and the end of the appendix had commenced to gangrene, so it was deemed advisable, and we removed the appendix. The opposite ovary and tube were greatly diseased, and they were therefore removed. This patient, then, underwent four distinct surgical operations, and within three weeks had made a complete recovery.

The latter part of June, I was called to examine a case with Dr. Johnson, of Wharton, O. The patient had been bed-ridden for some two months, and the face and limbs were greatly emaciated. The abdomen was much enlarged, and on percussion showed resonance on both sides, with dullness along the median line, extending above the umbilicus. The diagnosis of the case was an ovarian cyst, yet it was questionable, on account of the inability to recognize any fluctuation of the tumor mass, and the complete immobilization of the tumor within the abdominal walls.

The patient was taken to the Sister's Hospital at Kenton, O., and with the assistance of Drs. McKitrick, Jones, and others, the abdomen was opened, and the anterior abdominal wall was so adherent to the cyst wall that it required not a little dissection before we could release the tumor from its adhesive anterior attachments. The pedicle had been torsioned until the life of the tumor had been greatly threatened, and nature had kissed together the tumor wall and abdominal parietal wall to keep the tumor mass alive. The pedicle, which was somewhat diseased, was ligated very close to the womb, and the tumor removed. The opposite ovary and tube were also diseased, and were therefore removed. Drainage was made down through Douglas cul de sac with iodoform gauze, which was allowed to remain in for forty eight hours.

The patient made an uninterrupted recovery within three weeks.

During the meeting of the National Association at Omaha, Neb., assisted by Profs. Younkin, Standlee, Curryer, and others, I operated on Dr. Hatfield's wife, of Grenola, Kansas, at the John Creighton Memorial Hospital in Omaha. She had been a sufferer for about two years, with only a moderate enlargement of the abdomen, and very few of the characteristic symptoms of ovarian tumor. She had been prepared for the operation by her husband, and had journeyed up to Omaha for the operation, which took place on Tuesday morning, June 21. On opening the abdomen, the glistening wall of the tumor presented in the incision, and the large trocar was forced into the tumor. Small forceps and tenacula were used to pull the tumor wall against and into the incision, and the trocar was removed, and the wound greatly enlarged with scissors, until the hand could be easily introduced within the opening made in the tumor wall. We found a multilocular ovarian cyst, filled with a gelatinous compound, that had to be removed by the handful until the cyst would collapse enough to allow of its withdrawal through the incision. At the bottom of the cyst and around the pedicle, there were myriads of little tiny cysts, not larger than fish eggs, and much of the omentum was studded and filled with these small granular masses, which were removed by stripping the tissues through the fingers. The abdomen was closed after the most approved manner without drainage; as it was considered and agreed upon by the consultation that these invaders were harmless—non-septic.

The patient made a very good recovery. A letter received the first week in July indicated that the patient was able to be up and around the hospital.

By a recitation of these cases the surgeon is enabled to see some of the complications and questions that come up for immediate solution during a laparotomy.

ALCOHOLISM.

By W. A. Gabbert, M. D., Middletown, Ind.

WHILE the effects of alcohol are to be seen in the various organs and tissues of the body, it is to the effects upon the nervous system that we get the pathological changes, with the phenomena designated as alcoholism. With this view in mind we will discuss the subject with what light has been thrown upon it, not so much with the view of a successful treatment as with the hope of suggesting a prophylactic.

Alcoholism is a peculiar disease. in as much as in its incipency, it is largely under the control of the patient in most cases, as it never attacks one suddenly, but is the result of imbibing the lethal fluid little by little. This statement does not include dipsomania, as this impels the patient to drink until alcoholism comes upon him. We desire to confine our remarks to the first form of the disease, as it is here the prophylactic is more effective.

I am aware that there is a strong factor in many cases, which, no doubt, is very difficult to overcome. We allude to the hereditary influence and tendencies which are brought to bear upon the physical and psychical natures of the patient. If an individual is born with a tendency to epilepsy it is hardly possible by any means of treatment to overcome this defect. So it is with a child born of alcoholic parents. Such a child, when it reaches a mature age, will be liable to contract alcoholism by his inability to resist alcoholic drinks.

When alcohol, in the form of beer, wine, gin, whisky, or brandy, finds its way into organized tissue, and especially into the nerve centers, it little by little changes their structural forms. Although the change at first is imperceptible, it is more obvious later in the disease. The change of function is readily marked in the beginning, even though the quantity taken is not large. Nerve cells can not tolerate, with impunity, the presence of alcohol. When they absorb this drug they lose vitality and for the time can not generate the requisite amount, nor the quality, of nervous force necessary to carry on normal functions of the entire body. The vaso-motor nerves are more or less paralyzed. Blood-vessels, as a consequence, enlarge and become turgid with blood. At first these pathological conditions are only temporary, but when they are often repeated they become more or less permanent. With a permanent change in the tissues, it would be strange indeed if the functions were not changed also. The physical harmony that makes up a normal life no longer remains. These changes are hastened on in those who indulge frequently, or in those whose nervous temperament is readily susceptible to the influence of alcohol. Alcohol passes with rapidity into the circulation, and from this into the nerve centers, bathing these tissues in the lethal poison.

To what extent these pathological changes are due to congestion, and to what extent they are due to the immediate contact of the tissues

and alcohol we are unable to determine, as the result in the end—death of the tissue—is the same.

Alcoholic stimulation (pseudo-stimulation) is at the sacrifice of vital force. The greater the sacrifice of vital force the greater the demand for stimulation. Correlative with these enfeebled nerve cells is the resistive power enfeebled. As the nerve tissues under the continual influence of alcohol are changed, they become bleached and hardened. In the stage of collapse, in chronic cases, many of these cells break down and change into fatty substance. The mental, motor and sensorial functions are involved, and death, when it occurs, is often the result of paralysis. It is not necessary for alcohol to find its way to the nerve centers through the intermediation of the blood to produce death. Through the periphery nerves of the stomach, when liquor is taken in considerable quantity, it may act upon the brain, spinal cord and sympathetic nerves and ganglia, frequently producing death in a very short time.

Alcoholism may be the result of hereditary transmission, or it may be wholly acquired, or the result of both factors. In the hereditary form of the disease the feeble condition of the nervous system and other physical infirmities are transmitted from the parents to the child. Says Dr. Grenier, "A large number of neuroses have their principal causes in alcoholic antecedents." Casual drinking gradually induces alcoholism through its effects upon the nervous centers through molecular changes.

The opinion that alcohol in any dose or under any circumstance is a food, in the ordinary acceptation of the term, is no longer tenable, Says Coufard, "Not only is alcohol not a food, it is the very reverse. Not only does it not contribute to the nutrition of the body, it opposes and destroys it little by little." "We do not, indeed," says James I. Fellows, "assign to alcohol any special value as a food."

The congestion no less affects the internal organs, setting up chronic diseases, on the one hand, and on the other, the liability to complications. "Alcoholic intoxication," says Dr. Baer, "not only calls out disease and disturbances that the non-drinker does not have, but it gives rise to a greater mortality." Of all its effects, the influence of alcohol upon the nervous system is most marked. It is generally regarded as a stimulant at first, then a depressant. Persons of an impressible nervous temperament are prone to the effects of strong drink. The action of alcohol upon the nervous system is especially unfavorable. Says Clouston, "The whole organism suffers sensitive and mental lowering."

The most common pathological condition of the nervous system in alcoholism is congestion of the membranes and substances of the brain. The brain, however, presents the most characteristic alterations. As Carpenter remarks, "Alcohol passes into the brain, and changes both its chemical and physical properties. It would be strange with alteration of structure there was not alteration of function."

Says Dr. Hammond, "Alcohol is a violent poison. In moderate doses it will soon cause death in dogs and other small animals. In large doses it will soon cause death in man. When diluted its effects are not so rapidly manifested, and in this form the condition of intoxication is produced." Blyth estimates a fatal dose of absolute alcohol, diluted in the form of whisky or gin, at 1 to 2 fluid ounces for children from 10 to 12 years old, and $2\frac{1}{2}$ to 4 fluid ounces for adults.

The alcoholic subject develops propensities, otherwise latent, that tend to refer him to the criminal or insane class of society. The physical debasement, of which those propensities are the outcome, is like the alcoholic itself—progressive. Like the loss of vascular tone, the hardening and softening, this mental deterioration is cumulative and destructive. It is to the physical manifestations that alcoholism owes much of its influence, not only as a study in physiology, but also a problem of the greatest moment in social science. "Deterioration of the sense of moral obligation," says Dr. Wilson, "is among the earlier of the mental phenomena of alcoholism. The moral sense is perverted and enfeebled, sentiment of honor and dignity, of reputation and of decency are no longer cherished or recognized." Little by little the conception of duty, of justice, of honor are lost to him. These changes are gradual and progressive. The mental functions are the last to suffer deterioration. "The power of argument and reasoning," says Dr. Wilson, "is much impaired, the judgment is uncertain, and, at length, the intellectual deterioration attains a degree that unfits the subject for the ordinary relations of life. Chronic alcoholism, however latent, however sedulously concealed, warps the life of the individual in all its relations."

It is difficult to get a clear idea of the history of alcoholism as it relates to cerebral functions without considering the physical changes as they relate to the conduct of the individual in his mental and moral life. The criminal is an abnormal being, inasmuch as he deviates from the beaten paths of healthy society. He is an object of consideration for the medical student, as much so as the insane criminal. Alcoholism destroys man's moral nature as well as his physical and mental.

In view of the opinion of men who have studied crime in all its phases, criminals, as a rule, are abnormal beings in some particular. They do not appear to be able to see and fully comprehend the relations they hold to society, or else they have drifted into unnatural channels which carry them into immoral fields of operations, which little by little changes the whole tenure of their minds. They are no longer able to see the change, but are under the false impression that their conduct is justifiable on the grounds of self will and self gratification. The criminal's opinions, although wrong and at variance with that of society in general, have become so thoroughly dove-tailed into his life that, although they are illusions, he believes in them so strongly that he is deluded, and acts upon this delusion. In all such

cases the criminal borders on insanity. Inasmuch as alcoholism is a leading factor in crime, the medical student may be concerned in the study of the criminal in all his abnormal relations to society

Dr. Emil Laurent says, "A sober criminal is a rarity; and while every alcoholic is not a criminal, this is often due to the care of friends; he can become one, for alcohol paralyzes the cerebral functions, annihilates the will, and then the field is freely opened to anger, impulsiveness, and bad temper." Henri Joli in work on criminal France, says: "Alcoholism is one of the potent causes of race degeneration. Crime (in the causation of which alcohol is a powerful factor) never leaves the family of the individual their primitive integrity." Says Dr. Grenier, in his work on the descendants of alcoholics: "Alcohol has come to be a social question. It is one of the most active agents in the degeneracy of the race."

Alcohol, directly and through transmission, is one of the chief causes of insanity and idiocy; it often kindles the flames in cases where there is predisposed tendency to those abnormal conditions. In regard to the relations alcohol holds to insanity, Dr. Baer says: "In the latter stages of habitual drunkenness, there is a considerable number of cases of insanity, general paralysis, and other phases of incurable insanity. In other cases alcoholic excess is a symptom of a diseased nervous system, and there has been insanity before the drinking commenced. In the first stage of mania, melancholia, and general paralysis, many are driven to the use of alcohol. Dipsomania is a form of insanity, and is periodic.

Besides all these, there are a number of drinkers on the border-line between health and disease, who, on account of their inherited mental weakness, and consequent irritability through over work, are given to alcoholic excesses. There is still a greater number of habitual drunkards who are not insane, but who through long abuse of alcohol, can not resist drinking. They reach such a degree of volitional and intellectual weakness, of irritability and stupidity, indifference to customs and position, and mistrust and carelessness in regard to their families, that it is a question whether they are not a common danger to society. The number of these persons amongst those who suffer from chronic alcoholism is by far the greater. Gauster says that they are the most dangerous because their condition is latent, and their attacks appear suddenly.

If the influence of alcohol ceased with its direct effects upon the individual, the physical and psychical results would not be so extensive and continuous. But when we consider that the law of heredity and descent plays an important part in the life of each individual, that the direct and indirect effects are generally transmitted from parent to child, we are unable to fathom the depths of evil which may be expected to follow.

"It is obviously impossible," says James I. Fellows, "to unravel and trace back the entangled thread of morbid propensity that has run

through generations, and that, in passing from one to the other, has been so altered by surroundings, climate, intermarriage, and similar influences, that even in members of the same family temperament and physical peculiarities are distinctly differentiated. The uncontrollable passions of the epileptic, the excitability attendant on paroxysmal gout, the criminal acts of violence that are the direct consequences of a passion speedily excited by comparatively small quantities of stimulants, the suicidal and hypochondriac tendencies, the rape that springs from eroticism, and the unnatural offenses arising out of perverted sexual sense and appetite—all these bear witness to the concurrent operation of occult forces, which have acted on the organism by transmission from parent to offspring." The various ways in which delirium tremens affects the individual, both as regards the character and intensity of the symptoms, and hallucinations and illusions which remain after the acute stage has passed, together with the tendencies to recurrence of the delirium upon slight provocation, are further proofs of the many influences affecting the course of alcoholism due to heredity. The determination of the particular manifestation of the alcoholic impression will depend upon the physical and psychical characteristics inherited by the offspring. The seeds which develop in the soil exhibit in their after-growth features and appearances that are determined by its nature. As has been well said by Lagrain: "In this way so many abnormal forms of alcoholism are constituted, the analysis of which becomes clear in the knowledge of the soil. Here we shall find again the patient in his real nature, with his pathological acquisitions and his morbid inheritance, entering the struggle with the physiological effects which are constant, but whose pathological re-actions vary indefinitely."

[To be continued.]

OUR FIRST FACULTY.

By Prof. H. W. Felter, M. D., Cincinnati, O.

[Concluded from page 525.]

A H. BALDRIDGE, M. D.—Dr. Baldrige was born in 1795, consequently at the time of entering the first faculty he was 50 years old. He was a graduate of the Worthington Medical College, and previous to his appointment to the faculty of the Eclectic Medical Institute, was associated with Drs. Morrow, Jones, and Hill, in the Reformed Medical School of Cincinnati. Dr. Baldrige taught Obstetrics and its associate branches, consequently it was declared of him "that his fame will be safe with *posterity*." This chair he occupied for four years, when he was succeeded by Dr. B. L. Hill. In 1856 he was again called to the chair, and served two additional years. Dr. Baldrige was tall and slender, but on account of the fact that he was afflicted with shaking palsy, he did not make a good impression when upon the platform. For this reason, perhaps, he was not re-

garded as a good lecturer, though his subject matter was good and always well prepared. He is said to have been a plain, practical man, a true blue Eclectic, and was considered a very successful practitioner. He lived to a ripe old age, and died at Urbana, O.

JAMES S. OLIVER, M. D.—The chair of Chemistry and Pharmacy was occupied by Dr. James S. Oliver for four years, when he was succeeded by the learned Dr. John B. Stallo, who subsequently became United States Minister to Italy. Dr. Oliver was known to the class as the "galvanic battery of the Reformers." He graduated, as before stated, from the medical department of Transylvania University. He was regarded as a competent and successful instructor, exhibiting good humor and tact in presenting his subject and making interesting the ordinarily dry details of chemistry.

BENJAMIN L. HILL, M. D.—The difficult chair of anatomy was filled from 1845 to 1849 by Dr. Benjamin L. Hill, a brother in-law of Prof. Morrow. He was succeeded in 1849 by Dr. Horatio P. Gatchell. Both of these teachers were of homeopathic proclivities, and finally allied themselves wholly with homeopathic colleges—the former at Cleveland, and the latter at Chicago. The appointment of Dr. Hill was probably largely due to his relationship and friendship for Dr. Morrow, and to the fact that there was among the reformers much consideration shown homeopaths, and in fact a willingness to co-operate with them against the old school. This liberality culminated in the establishment (1849 to 1851) of lectures on homeopathy in the department of clinical medicine and surgery, and the appointment of Dr. J. Storm Rosa, a full fledged homeopathist, to deliver them.

The students' committee speak of Dr. Hill as "a lucid teacher and expert demonstrator in his department." He is described as unpretending and popular in his manners, making no aim to parade the dry and tedious technicalities of anatomy, but giving his instruction in a simple and impressive manner. Dr. Hill wrote a work on surgery, which was long a popular work with our physicians. Dr. Beach, however, claimed it a plagiarism of his work on that subject. From 1849 to 1851, Dr. Hill occupied conjointly the chairs of surgery and medical jurisprudence and that of obstetrics and diseases of women and children.

LORENZO E. JONES, M. D.—Conspicuous among the graduates of Worthington medical school, and one who was destined to be a prominent figure in the firm establishment of reformed principles in the West, was the turbulent, pugnacious and eccentric, yet withal staunch Eclectic, Lorenzo E. Jones. In early youth Dr. Jones suffered a severe attack of autumnal fever, and having been treated in the regular way by bleeding, purging, and mercurializing, until his strength was exhausted, he was left for dead. He subsequently, however, proved to be very much alive, and lived to be the uncompromizing foe to the allopathic profession, and was never so happy as when delivering sledge-hammer blows against the lancet and calomel. At the

time of his death it was aptly written of him that probably he would have lived longer if he could have been where he could have had a little excitement in abusing arsenic and mercury, and those who employed them. Not only had he suffered from the fever and the treatment, but he also sustained a dislocation of the hip, which made him lame for life. These events shaped his career, and his ruling passion was his enmity to old-school practice, and it is recorded that he never allowed an opportunity to pass without giving it expression.

Speaking of Dr. Jones and others who lived in the early days of Eclecticism, Prof. J. M. Scudder remarks; "They were very war-like, pugnacious as snapping turtles, but they had abundant cause for it; they were Ishmaelites, and every man's hand was against them, and they were inclined to turn their hands against other people." But, he adds, "let peace come as a man travels toward his long home." And so it came to Dr. Jones in his old age at Urbana.

In the earlier days of his college service, Dr. Jones proved to be an excellent teacher, and as his subject included botany, he was known to the students of the first class as the "flower of the flock." This name was given him in a toast proposed at a New Year's night jollification, tendered by the professors to the students and trustees of the Institute. The students' committee of five, above referred to, commends Dr. Jones "for his industrious and persevering labors in glean- ing the old and combining all the new remedial agents which the im- provements in medical practice have developed, for his sound and philosophic views, his patient endurance, and his capacity to instruct." They regarded him as an able, faithful, experienced, and persevering teacher, "an ornament to the chair, and a bulwark to the institution."

In early life Dr. Jones had been a school teacher, and through such employment had saved enough money to enable him to attend the school at Worthington, from which he graduated in 1832. He then located in Dublin, Ind., a locality that was then practically the back woods. There he met with a medium degree of success. In 1844 he was associated with Drs. Morrow, Baldrige, and Hill, in the Re- formed Medical School of Cincinnati, and in 1845 was appointed to the faculty of the Institute. This position he held for 21 years, from 1845 to 1870, barring four years (1852 to 1856) when he was engaged in conducting another school of medicine. In 1871 Dr. Jones was transferred to the honorable position of Emeritus Professor of *Materia Medica*. For 25 years he had not practiced medicine, laboring under a loss of vision from a cataract, and failed to keep in touch with the progress of the day, through its literature. Complaints that he was far behind the times, and that his teaching was imperfect, were continually flowing in upon the college management, until, with no feel- ing of ill-will he was requested to give way to an active practitioner. Under the impression that he had been promised a professorship in perpetuity, he entered suit for \$6,000 against Dr. Scudder, which met with an adverse decision in the Superior Court of Cincinnati. He was

succeeded by Prof. Locke, who now honors the chair of *Materia Medica*. Dr. Jones then removed to Urbana, and having previously made good investments in Cincinnati property, became quite wealthy, and died peacefully of paralysis, Nov. 3, 1878, at the ripe old age of 70 years, or thereabout.

No better idea can be given of the character of Dr. Jones than the sketch by Dr. Scudder, written at the time of the former's death. It shows how kindly Dr. Scudder could feel toward his antagonists, and particularly to those whose natural pugnacity compelled them to show opposition to him. Of Prof. Jones he wrote: "He was a man of strong convictions and strong prejudices, and an earnest teacher. Our old students will recollect how punctual he was to the hour, and how certain he was to make it full sixty minutes; how patiently he would wait to see if the next lecturer would come, and how eagerly he would shoulder the hour if he failed to put in an appearance; how he rejoiced in being able to make a full half day on Thanksgiving, Christmas and New Year's; how he would dwell on the virtues of *allium cepa* and *nepeta cataria*. And then how he would worry calomel, batting it now hither, now yonder, now up, now down, until one verily believed the devil was dead. When mercury no longer required so much cuffing, he felt sure the times were out of joint.

"But our old friend is gone where sin and sorrow, mercury and arsenic will trouble him no longer. We all unite in hoping that he may find a comfortable place and a lasting peace, after a life of war. He was not much given to religion, but had a kindly feeling for church goers and a good sermon. He had a decent respect for the devil, though in his later years he had little fear of the arch-enemy—at least not the fear that worketh righteousness. And from our knowledge of our old friend, we feel sure that he will hold his own wherever he may find himself."

THE CHIMNEY ON FIRE.

By J. D. Dodge, M. D., Cuyahoga Falls, O.

WE live by a process of combustion—a slow fire. The chimney is represented by the lungs, the skin, the bowels, and kidneys, and even by the vascular system. May it not be true that this complex excretory system, becoming clogged like a stove and chimney with soot, causes the fire of life to flag in its fervor, until at last some spark sets up a flame which, under the name of fever, burns till all the flues are clean, or the house we live in burned to ashes? According as one or another excretory passage is most clogged it may be a pneumonitis, a dermatitis, an enteritis, nephritis, or phlebitis. In fact, more than one of these passages may be burning out at the same time. If the drift should be in the liver, the stomach, spleen, bladder, or other special organ, the fires are kindled therein.

Watching a continued fever in each of my two sons, and wondering

as to the cause, this simile presented itself to my mind. If this theory is true, it makes evacuant, alterative, deobstruent, and "spring blood medicines" that clear the alimentary canal and other passages, assume a new importance. As a sort of house-cleaning they should be resorted to, or at least considered, annually or semi-annually as a matter of course. We expect the human body to be automatically self regulating and self cleaning, but it is not always so. If it were, baths would be unnecessary. I have seen a patient at the point of death, with a black tongue, cured like magic by the improved compound cathartic pills, U. S. P. I have seen cases of jaundice and chronic illness cured by such medicines as podophyllin, leptandrin, and even calomel, simply because the alimentary canal of the patient had become a non-evacuating depository for all sorts of excretory poisons, which these medicines, like intelligent scavengers, swept out of the body. Salt is thrown into the stove to ameliorate the intensity of the chimney fire; and in the cases of my sons, as in many other cases which I have treated, the tongue being broad and coated with a thick, dirty, pasty, white coating, I also used a salt of soda, the sulphite. They had each been ill about two weeks when I reached them, but the sulphite was the only medicine needed thereafter, except a very few doses of acetanilid when the fever rose too high, the skin being hot and dry.

Continuing in similes, we might say that the specific germs of contagious and infectious diseases are nature's matches or torches which light the fires necessary to burn up all refuse. These fires, like those of human kindling, too often burn up good material along with the worthless. Hence we should be careful to keep our physical premises clean all the year round, and so protected that when the prairie fires, in the guise of contagious epidemics and endemics sweep over the community, we can escape the scourge. Said an old man in my hearing, "Keep head cool, feet dry, bowels open, and doctors defy."

DYSMENORRHEA.

By E. E. Bechtel, M. D., Homerville, Ohio.

DYSMENORRHEA, laborious, painful, or difficult menstruation, is of frequent occurrence. It is quite difficult of removal, and often is the means of preventing conception. Most women are troubled more or less with pain at the catamenia, and when the symptoms are much aggravated, the suffering intense, the term dysmenorrhea is applied. Three varieties are noticed, viz, *inflammatory*, *mechanical*, and *neuralgic*.

Inflammatory neuralgia, often spoken of as membranous dysmenorrhea, on account of the passage of shreds of membranes at the time of flowing, is distinguished from other varieties by the presence of fever and the continuance of the inflammatory symptoms during the interval. This has led some authors to describe a special form as intermenstrual dysmenorrhea.

Mechanical dysmenorrhea, a variety due to stricture of the cervical canal, is either congenital or acquired, and is quite common, and has been termed constructive dysmenorrhea. Under this head may also be included a form which may be termed tubal dysmenorrhea, due to an obstruction in the Fallopian tube.

Neuralgic dysmenorrhea occurs in young, delicate females, and those who have never borne children. It may also attack females of any age—indeed some assert that it is most frequent after the age of thirty. It is most frequent in those of a nervous disposition, although those directly opposite may be affected, and is dependent upon colds, violent mental emotions, shocks, etc., occurring at the catamenia. The treatment of dysmenorrhea is very satisfactory, if the different indications are met with specific medication, as will be noticed in the following cases :

CASE 1.—Miss T., aged 17, of full, plethoric habit, applied for relief. Symptoms were as follows: Dull, bearing down pain at each menses, extending to the loins. Pain tensive and intense preceding the discharge, and continuing during the entire period. So intense was the suffering that complete prostration was the result. Muscular pain over the entire body—nervousness marked. Diagnosis, neuralgic dysmenorrhea. Treatment as follows :

I.—R—Lloyd's leontin, ʒiv; sp. pulsatilla, ʒj; elix. simplex, q. s. ʒiv. M. Sig. Teaspoonful in water every four hours.

II.—R—Sp. macrotys, ʒij; sp. viburnum, ʒss; elix. simplex, q. s. ʒiv. M. Sig. Teaspoonful every four hours.

Began treatment one week before the expected period, and the result was most gratifying. R No. 1 was repeated at each period for a few months, while R No. 2 was changed as the indications required, and the ultimate result is complete recovery.

CASE 2.—Miss D., aged 31, relative of the above patient, of spare build, applied for treatment for the same trouble. Symptoms, much nervousness with depression, complexion sallow, pain intense, resembling colic, pain in back and limbs, patient much prostrated, with slight nausea. Diagnosis, neuralgic dysmenorrhea.

Treatment.—Gave R No. 1 as in the preceding case, and alternated with the following: R—Sp. macrotys, ʒij; Sp. nux vomica, gtt. xv; elix. simplex, q. s. ʒiv. M. Sig. Teaspoonful every four hours.

Followed the treatment in the same manner as in the preceding case, with slower, but no less permanent results.

In closing, I will say that I could cite another case of the same nature, but deem it unnecessary. I regard leontin as a specific for dysmenorrhea. Other indications will have to be met, but leontin will please the most fastidious. Care must be used in giving it, as it is very active, and many can only stand the small dose.

EXAMINATION QUESTIONS

Asked applicants for license to practice medicine by the Utah State Board of Medical Examiners, July session, 1898.

OBSTETRICS.

1. Describe symptoms of pregnancy up to six months.
2. What advice would you give a pregnant woman prior to labor?
3. How would you treat a case of labor up to the fourteenth day?
4. What is the most common and what the most difficult labor?
5. What can you say of prolapse funis, frequency, cause, prognosis and treatment?

GYNÆCOLOGY.

1. Describe the ligaments of the uterus, and uses. What operations may be performed upon them?
2. What is pyosalpinx, causes and treatment? Metritis, causes and treatment?
3. Give causes, symptoms, and treatment of catarrhal discharges of uterus and cervix.
4. Describe the operation of ovariectomy.
5. What is vagino-vesical fistula? Recto-vaginal fistula, symptoms and treatment?

ANATOMY.

1. What is the relation of the epigastric artery to the internal abdominal ring?
2. Where and what is the inguinal canal? Origin and termination?
3. Give brief description of inferior maxillary bone.
4. Where and what is the femoral canal?
5. Give origin, function, and distribution of seventh cranial nerve.
6. What is the composition of bone?
7. Describe the shoulder joint.
8. Name the so-called ductless glands.
9. Describe the medulla oblongata.
10. What is the ductus communis choledochus?

PATHOLOGY AND DIAGNOSIS.

1. What is diphtheria? what its etiology, pathology, symptoms, and course of the disease?
2. What is dysentery? Its etiology, pathology, symptoms, and course of the disease?
3. What is intermittent fever?
4. What is remittent fever? Give differential diagnostic points.
5. What is acute bronchitis? what its etiology, pathology, physical signs and course of the disease.
6. What is pleurisy? Give its etiology, pathology, symptoms, and physical signs?
7. What is bronchiectasis? what its etiology? In what condition is this disease most frequently found, and what are its varieties?
8. What is pericarditis? what its etiology, pathology, symptoms, and physical signs?

9. What is glossitis? what its etiology, pathology and symptoms?
 10. What is peritonitis? Give causes, pathology, and symptoms.
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SUGGESTIONS IN MINOR SURGERY.

By Henry A. Richy, M. D., New York.

MY subject is a modest one. The object of this sketch is to consider the treatment of small wounds, ulcers, lacerations, etc., which fall to the lot of the general practitioner. I do not desire to enter into the discussion of antiseptic and aseptic measures. This question is, I am sure forever settled; not only the physician, but also the laity, know that a septic wound has no chance to heal. The accidents of blood poisoning have been so widely published in the daily press that no one is inclined to look lightly upon the smallest injury of the skin or of the mucous membrane. Indeed, the fear of septicemia is becoming universal, and the physician constantly treats in his office many small wounds or sores which formerly people used to dress themselves. The treatment of such injuries can hardly be said to pertain to the domain of surgery, for in many cases the task of the physician is reduced to the thorough cleansing of the wound and the application of an antiseptic or aseptic dressing. My views in the matter of dressing I shall explain later.

The physician engaged in obstetrical practice probably sees more small wounds than the surgeon. He knows that the puerperal state is likely to be influenced by them, and experience teaches him that the greatest vigilance is sometimes required to prevent serious results. For instance, an easy delivery has taken place, no instruments have been used; yet, after the vulva has been cleansed thoroughly, a careful examination will probably reveal the presence of small lacerations; the fourchette may be torn, the vulva eroded. Shall the physician be satisfied with leaving these lacerated parts in contact for several days with the exuding discharges? No, if he is wise he will make use of some protective application, and then prompt healing will follow his efforts. The fact must remain constantly before his mind, that, as long as there is a solution of continuity in the skin or mucous membrane, an easy entrance is afforded to pyogenic elements. The act of cleansing and protecting the lacerations should be performed by the medical man himself at each visit, unless he knows that he can trust the nurse.

The first days of lactation are often days of great concern to the patient as well as the obstetrician. When the woman is nursing for the first time, she often finds it a great trial. Her breasts are swollen, her nipples become fissured, and the lips of the sucking child cause great pain. In this trying condition, the physician must use patience and vigilance, for should a mastitis be developed, all the blame will fall upon him. Sometimes a breast-pump will suffice to establish a

free flow of milk ; frequently it will be necessary to resort to massage. Let the doctor anoint his hands, seize the swollen breasts behind the hard lumps, gradually and gently press with his fingers toward the nipples. This is very painful to the patient, but, as she knows the importance of this treatment, she will endure the ordeal.

The cracks around the nipples may be due to malformation of the nipples, to irregular distribution of the lacteal ducts, or to the greediness of the child. Whatever be the cause, the experienced physician knows that therein lies an element of danger not to be ignored. He may cauterize the fissures, bathe them with some antiseptic lotion, or cover them with some ointment, but he will never forget that there is a possibility of infection until the sores are healed.

The care of the umbilical cord is too often left entirely to the attending nurse. The physician should not fail to superintend the management of the cord. In my practice I have discarded the use of burned rags, so dear to old-fashioned nurses. I merely wrap the cord in surgical cotton ; the glutinous matter and blood are thus absorbed, and the child's bandage remains clean. A cord treated in this way is sure to become detached on the fourth or fifth day, and very rarely will suppuration interfere with immediate healing. If some slight discharge persists, I simply take a small quantity of unguentine, which I apply over the navel, and the irritation promptly subsides.

Since I have written the name of my favorite ointment, I must say how I came to use it for the first time. A friend of mine, a physician, suffered much from internal hemorrhoids. They were large and protruded at every evacuation of the bowels. As he would not submit to a surgical operation, he tried every thing on earth to allay the irritation which invariably followed each act of defecation. Through the use of unguentine, he obtained a greater amount of relief than from any other remedy. The soothing effect of this ointment soon eliminated all discomfort and the burning sensation. My friend's good word in favor of unguentine induced me to try it in my practice. The manufacturers tell us that unguentine is composed of alum (specially prepared) 15 per cent., carbolic acid two per cent., and ichthyol five per cent., combined together with pure vaseline.

I have since frequently used unguentine. It has repeatedly proved of value, and I can recommend it to professional men. At present I keep a box of it in my office, and another in my obstetrical bag. In infantile eczema I have found it more serviceable than zinc ointment. In painful ulcers, a thick coating of unguentine over the ulcer alleviates the pain and irritation in a very short time. The dressing should be changed at frequent intervals, if the ulcer is very foul. After delivery I make it a rule to smear over and around the fourchette a liberal quantity of unguentine. The soreness so generally complained of after confinement is thus promptly reduced to a minimum.

TUBERCULOUS GLANDS.

IN the dissemination of the tuberculo-bacilli, they often invade the lymphatic glands of the neck, the axilla, and the groin, and produce a pathological change in the action of the glands that shows a deleterious effect upon the whole of the human economy. These enlarged glands may remain in a semi-dormant condition for a long time, producing little or no appreciable bad effect, but after a time the hyperplasia greatly increases, and the adenitis progresses, until the gland structure resolves itself into a suppurating gland. These lesions of the lymph gland, or lympho adenitis, or tuberculosis, have not received due consideration by the average practitioner in regard to the great danger that always exists in a large number of cases of auto-infection.

Many patients are allowed to go without warning of the terrible danger of infection, long after the superficial glands have been greatly enlarged. These cases have too often been considered and treated as a form of scrofula which only had to do with the enlarged gland. If the physician will carefully restudy this lesion, he will find that many of these cases of enlarged cervical glands have eventually sacrificed the patient, by a merging of the primary lesion into a general tuberculosis. To the surgeon there seems to be two methods of dealing with this glandular lesion. One is to inject, at as early a stage as possible, each enlarged gland with a five per cent. iodoform and glycerine emulsion, and repeat this method of dealing with the glands as the case may seem to require, always placing the patient on general glandular correctives and iron tonics.

The better method, in my judgment, would be to anesthetize the patient, and completely remove every infected gland, either superficial or deep; dust the wound freely with iodoform, and close it after the approved method of subcutaneous suture.

L. E. R.

NUMERICAL STRENGTH OF THE DIFFERENT SCHOOLS OF MEDICINE.

By J. K. Scudder, M. D., Cincinnati.

IN the August number of the JOURNAL for 1894, I printed a tabular estimate, giving the total number of physicians by States, one estimate being taken from a recent list issued by the Gardner Company of New York City, who claim to keep a classified list of every physician in the United States. This was compared with an estimated number of physicians of all schools and based upon Polk's Medical Directory for 1893, after making allowances for duplicate and dead addresses.

Since that article was published, I have received quite a number of inquiries for reprints, and have decided to prepare the present tables, and offer them as more nearly correct. The population of the States in list "A," the total number of physicians of all schools in list "B," and the ratio of physicians to population, are taken from a late issue of the *Virginia Medical Semi-Monthly*, to which I desire to give due credit, as I believe their estimate is much more correct than any heretofore published.

SCHOOLS OF MEDICINE.

STATE.	A Population.	B Number of Physic'us	Ratio of Popula- tion.	C Regular	D Homen- opathic.	E Eclectic.	F Physo Medic-l.	G Unclaa- sified.
*Alabama.....	1,513,017	1898	940.3	1600	29	109	..	160
Arizona.....	59,620	95	638.1	72	4	10	..	9
Arkansas.....	1,128,130	1841	558.5	1307	50	249	6	184
*California.....	1,208,130	4190	383.4	3300	390	475	25	..
*Colorado.....	412,198	2000	438.0	1500	350	150
Connecticut.....	746,258	1239	666.9	836	126	147	7	123
Delaware.....	168,493	239	704.5	177	30	9	..	23
Dist. of Columbia.	230,392	857	264.2	672	71	26	3	85
Florida.....	391,422	764	512.3	553	57	73	5	76
Georgia.....	1,837,353	2021	909.5	1347	46	401	25	202
Idaho.....	84,385	109	772.3	68	7	24	..	10
Illinois.....	3,826,351	7331	521.9	4443	975	988	192	733
*Indiana.....	2,192,404	5112	438.0	4063	313	509	216	11
Indian Territory..	172,321	291	592.3	194	2	62	4	29
*Iowa.....	1,911,896	6160	310.0	4764	726	560	49	61
Kansas.....	1,427,096	2210	645.6	1052	360	414	63	221
Kentucky.....	1,858,635	3104	598.8	2426	125	218	25	310
Louisiana.....	1,818,587	1460	766.2	1232	36	46	..	146
Maine.....	661,086	1164	567.9	864	137	57	..	116
Maryland.....	1,042,390	2003	520.4	1703	76	24	..	200
Massachusetts....	2,238,943	4032	555.2	2708	687	221	13	403
Michigan.....	2,093,889	3730	561.3	2115	686	459	97	373
Minnesota.....	1,301,826	1576	826.0	1028	239	127	25	157
Mississippi.....	1,289,600	1397	943.3	1180	18	60	..	139
Missouri.....	2,679,184	4736	565.7	3319	381	538	25	473
Montana.....	132,159	247	575.5	139	19	20	45	24
Nebraska.....	1,058,910	1595	663.8	919	202	264	51	159
Nevada.....	45,761	48	953.3	28	10	6	..	4
New Hampshire..	376,530	669	562.6	462	90	47	4	66
New Jersey.....	1,444,933	1844	783.5	1279	301	80	..	184
New Mexico.....	153,593	97	1584.5	69	10	9	..	9
New York.....	5,997,853	11132	538.7	8920	1338	824	50	..
N. Carolina.....	1,617,947	1358	1191.4	1184	11	24	4	135
N. Dakota.....	182,719	203	900.1	152	22	9	..	20
*Ohio.....	3,672,316	8677	423.0	6544	947	792	121	233
Oklahoma.....	61,834	326	189.7	250	6	38	..	32
Oregon.....	313,767	653	480.5	456	47	72	13	65
Pennsylvania....	5,258,014	8439	623.0	7295	684	384	75	..
Rhode Island.....	345,506	543	536.3	451	107	28	..	54
South Carolina...	1,151,149	1060	991.7	869	5	5	25	106
South Dakota.....	328,808	364	503.4	244	40	54	..	36
Tennessee.....	1,767,518	3079	574.0	2460	68	225	19	307
Texas.....	2,235,523	4617	484.2	3695	99	312	50	461
Utah.....	207,905	254	818.5	186	18	23	2	25
Vermont.....	332,422	626	531.0	388	121	45	10	62
Virginia.....	1,655,890	1978	847.3	1726	28	27	..	197
Washington.....	349,390	650	537.5	500	48	18	19	65
West Virginia....	762,794	1236	536.4	981	20	99	13	123
Wisconsin.....	1,686,880	1974	854.9	1242	330	195	10	197
Wyoming.....	60,705	60	1011.7	39	9	6	..	6
Grand Total...	65,000,000	111,590		83212	10491	9562	1291	6814

* State Board Registration exactly.

List A, estimated population based on the total population of 65,000,000.

List B, total estimate of physicians of all schools.

List C, estimated number of regular or Allopathic physicians.

List D, estimated number of Homeopathic physicians, based on the estimate furnished by Messrs. Boericke & Tafel, of Philadelphia, and the different State Board statistics, and compared with directories and State registration.

List E, estimated number of Eclectic physicians, based on a systematically arranged list kept by Lloyd Brothers, and compared with State Board estimates.

List F, estimated number of Physio-medical physicians.

List G, the remaining, necessarily unclassified. Many of these are probably duplicate, dead addresses, or alleged physicians. I base this estimate on ten per cent. of the total registry, although the actual number of unclassified physicians in each State is undoubtedly very much less.

The number of Homeopathic physicians in the United States has been variously estimated at from 10,000 to 18,000. The above estimate is not far from correct. The estimated number of Eclectic physicians is 10,000. There are more Eclectics than Homeopaths in 29 states and territories out of 50. States in which we lead are, Arkansas, Georgia, Indiana, Indian Territory, Kentucky, Missouri, Oklahoma, Tennessee, Texas, and West Virginia. The number of Homeopaths exceeds that of Eclectics in 20 states and territories. Their chief strength lies in Maine, Massachusetts, New Jersey, New York, Pennsylvania, Ohio, Rhode Island, and Vermont. The chief strength of the Physio-medicalists lies in Indiana, Illinois, and Ohio.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

FOREIGN BODIES IN THE EAR.

The removal of foreign bodies from the ear is one that will often puzzle even an expert. The safest rule to follow in these cases is to be sure that a foreign body is actually present. It is no uncommon thing to have persons present themselves with a history of something in the ear, when a close examination will reveal nothing. If an insect gets into the canal of the ear, its presence is not only known to the patient, but can generally be easily seen by the doctor without much trouble. If the insect is small, have the patient lie down with the affected ear uppermost, and pour in warm water; in the majority of cases the insect will float out of the ear without any trouble. Where a moth has succeeded in taking lodgings in the canal of the ear, the swimming method will not often work. The best thing is to force th

vapor of gasoline or chloroform into the ear, and kill the invader. Care should be exercised not to allow any of the liquid itself to get in the ear, as the effects are not pleasant, to say the least. After the moth is dead it can usually be extracted without pain to the patient with a pair of broad-jawed forceps. Inanimate bodies, if small, can be syringed from the ear without much difficulty. The stream should be directed along the upper wall of the canal, and too much force is to be avoided. Remember that delicate structures are at the bottom of the canal, and force is not of so much consequence as skill in directing the current. The canal should be straightened by pulling the concha gently upward and backward. The water should be as warm as can comfortably be borne by the patient. The use of instruments in the removal of foreign bodies is seldom required, and when they become necessary, it is well to be extremely cautious in their use. Remember that an inorganic body in the ear, if left alone, will do less mischief than your over-zealous effort at removal, especially as the chances are that it will only force the object deeper in the canal. Forceps are about the worst things that can be used for trying to remove this class of objects. If the syringe does not accomplish the work, it is a safe plan to wait a few days before making another effort.

I have removed bodies from the ear that had been there for from two weeks to thirteen years, and in none of the cases had there been any damage done the ear after the futile attempts for their removal had been made. If the body has been pressed back so it rests against the drum head, then the annoyance is usually so great that removal becomes necessary, but the syringe should be the main reliance. I prefer the soft rubber pus syringe to a piston syringe, as there is less likelihood of using too much force.

SEA-BATHING AND EAR DISEASE.

Morpurgo (*Arch. Ital. de Otol.*) gives the results of his observations of 195 cases of scrofulous children suffering from different ear diseases, who were treated with sea baths at the Ospizio Marino at Trieste. The principal forms of ear disease were chronic pyogenic otitis media, retraction of the tympanic membrane, impacted cerumen, etc. The nose and pharynx were affected, too, especially by hypertrophic, atrophic, and simple rhinitis, eczema of the tonsils, pharyngitis-granulosa, hypertrophied tonsils, naso-pharyngeal catarrh, etc.

The baths were taken, as a rule, at 11 o'clock in the morning every day, when the temperature of the water was not below 72° F., and during clear weather. The children were not allowed to jump into the water, and none of them occluded the auditory canal with cotton, except those suffering from otitis media.

The whole treatment ends after one and a half to three months, and no local treatment is used. The children are well nourished, and stay in the open air as much as possible.

The results are thus summarized :

In twenty-four cases, whose hearing distance was between 0 and 2 meters, it improved from 5 to 15 m. in seventeen cases; in twenty-seven, from 2 to 4 m., it improved from 6 to 15 m. in seventeen cases, and no improvement in the rest; in fifty-nine children from 4 to 6 m. it improved from 8 to 15 in forty six. In the rest of the patients the hearing distance was either not taken on account of their age, or there was no improvement. Thus improvement was at least marked in 40.9 per cent. of them.

On the other hand, the improvement regarding the objective symptoms can not be so exactly stated, although in many cases it was very evident. Among eleven cases of otitis media, four improved greatly.

The treatment was very satisfactory in its general and local effects, and no acute complications of any kind appeared.

The general conclusion is that sea-baths are very useful in many cases of scrofula with ear-localizations, and that at least they are not as dangerous as they were formerly believed to be.—*Amer. Medico-Surg. Bulletin.*

Hypertrophy of the Lingual Tonsil.

The following is an abstract of a paper read by Dr. E. C. Ellett, of Memphis, Tenn., before the Medical Society of Tennessee;

The study of the lingual tonsil dates from its discovery by Heyman and Stoerck in 1877 and its study by Lenox Browne in 1880. It is the anterior portion of Waldeyer's oro-pharyngeal ring of lymphoid tissue, and lies at the base of the tongue, behind the circumvallate papillæ, and in front of the epiglottis. It is of the same histological structure as the faucial tonsils, and is abundantly supplied with vessels and nerves.

Hypertrophy occurs most frequently in women, and between twenty and thirty years of age. Other causes are naso pharyngeal, buccal, and dental lesions, syphilis, scrofula, lithæmia, menstrual disorders, alcohol and tobacco, use of the voice and exposure.

The symptoms are :

1. A sensation of a foreign body in the throat.
2. A feeling of constriction at the upper border of the thyroid cartilage, globus hystericus.
3. Reflex cough.
4. Constant and ineffectual efforts to clear the throat.
5. Quick laryngeal fatigue.
6. Hemorrhage.

The treatment, in addition to appropriate constitutional remedies, consists in promoting absorption by applications of Churchill's tincture, or in removing the tissue by the galvano cautery or a curved tonsillotome. [I have found spongia 2x a satisfactory remedy in these cases.—K. O. F.]

EYE-STRAIN.

Frederick C. Cheney, M. D., of Boston, Mass. (*Boston Med. and Surg. Jour.*) alludes to the importance of eye-strain as an etiological factor in the various forms of functional headache, now so well recognized both by the medical profession and the laity. He enumerates the varying peculiarities of such ocular headaches, and the many symptoms of eye strain in general. He calls especial attention to two conditions which are not sufficiently known, as being caused by eye-strain—vertigo and drowsiness. He mentions the fact that vertigo is produced most frequently by some systemic disorder, but he recites examples in which this symptom depended upon eye-strain and disappeared after proper glasses had been prescribed. While he does not credit errors of refraction with being frequent causes of drowsiness, he mentions the fact that such a connection is not uncommon, and relates cases in which such drowsiness, especially upon application for near work, was removed by correcting lenses. Examples are also added showing that in some cases at least, “that tired feeling” with which so many are afflicted is dependent upon eye-strain.—*Annals of Oph. Surg.*

Contagion and Therapeutics of Trachoma.

Matkorie (*Recueil d'Ophthalmologie*) gives the outcome of an experience of 9,166 cases treated for the government of Croatia and Slavonia. Being unable to find the specific microbe, he turned his attention to the chemical composition of the tears, thus reaching a very interesting conclusion that the numerous bacteria which flourish in the conjunctival sac when the tears are of normal alkalinity, are killed when this reaction falls below normal, and that the detritus thus formed generates toxines and ptomaines, which are the cause of the condition. The tears, he says, contains the highest percentage of alkaloids of any of the animal fluids, and this was found to be lowered in those patients who were suffering from trachoma. Exterior causes, such as climate, etc., were also taken into consideration. As regards racial characteristics, he regards the gypsies as peculiarly exempt. In speaking of treatment, he recommends puncture and scarifications where the tarsus is affected, and believes in treating each case upon its individual merits. He urges the necessity of hygiene as a prophylactic.—*Annals of Oph.*

In those cases of pharyngitis sicca where the mouth and throat are dry, try sp. jaborandi in gtt. i to iiij three times a day.

In pharyngitis, where the tissues are oedematous, sp. apocynum in drop doses every hour will give prompt relief. If in these cases there is a stinging pain, as often occurs, the addition of specific apis, one-tenth to one-fifth drop doses, will be a grateful remedy for the patient.

CORRECTION.—In the last Journal, in the article on rhus poisoning, it should read *hyposulphite* of soda, not *hypophosphite* of soda.

PERISCOPE.

ANTITOXIC SERUM IN DIPHTHERIA.

Mr. Lennox Browne presents his second report discussing the mortality from that disease in the hospitals of the Metropolitan Asylum's Board between January 1 and December 31, 1896. The number of cases treated with antitoxin was 2,764, and 1,411 without. In this report it is claimed that the mortality from diphtheria in 1894, prior to antitoxin, quoted as 29.6 per cent., was lowered in 1896 to 20.8 per cent. As a matter of fact, this claim of the lowering of the "combined general mortality to a point below that of any former year," is obtained by the inclusion of results in cases not treated with serum in the mortality tables of those so treated. As a matter of sober truth, the death rate of those treated with antitoxin in comparison with those treated without it, should read as follows: 1894, 29.6 per cent. prior to antitoxin; 1895, 28.1 per cent. with antitoxin, 13.04 per cent. without antitoxin; 1896, 25.9 per cent. with antitoxin, 10.8 per cent. without antitoxin. Obviously it will be answered that the lower mortality of the cases treated without antitoxin illustrates their extremely mild character. But, according to the report, the cases in which serum was not used have been, on the one hand, those which at time of admission were moribund, or so far advanced in the disease as to be beyond the reach of any treatment; or, on the other hand, doubtful and for the most part mild cases. An examination of these classes reveals that only 4 of 154 fatal cases were certified as mild on admission, one other did not seem very ill, whereas 63 are noted as having been in a moribund or hopeless condition on admission. So that if we make the same allowance for the cases not treated with antitoxin as for those treated with it, by eliminating these moribund cases, we should find that the death-rate in 1348 patients not treated with antitoxin was only 6.4 per cent. against 25.9 in 2764 treated with it. There remain of these 154 fatalities in the 1411 cases not treated with antitoxin 85, against which there is no note made as to the mildness or gravity on admission. Looking, however, to the stated cause of death in them, we have borne in upon us most conclusively the correctness of the view of those who hold that no case of diphtheria can ever be asserted to be mild until it is completed; and if belief in the innoxiousness of serum treatment and its great benefit is as complete as is often announced, we can not understand why, on any ground of common sense, apparently mild cases should be excluded. Lastly, there remain the doubtful cases; but one so noted died, and that refers to a patient aged 70, with carcinoma of the fauces. No change has taken place in the local treatment previously employed, and it might be added with truth that internal remedies have been by no means neglected.

Thus from the point of view of "general lowness of mortality," it can not be claimed, even by the most ardent advocate, that all the credit for any reduced death-rate is due to serum therapy. Indeed, with all the allowances claimed, the mortality of nearly 5,000 cases treated with antitoxin in 1895 and 1896 is only $1\frac{1}{2}$ per cent. less than that for 1894 on about 3,000 cases before antitoxin was introduced; and by no manipulation of figures can this be gainsayed.

As to the effect of antitoxin upon children under five years of age, suffering from diphtheria, an analysis of the latter shows that 1346 were treated with antitoxin in 1896, with a mortality percentage of 32.2. Of 440 cases treated without antitoxin, the mortality was 24.3 per cent. No less than 49 of these were moribund on admission; the corrected record should read 391 cases, death-rate 15.5 per cent. This is less than one-half of that experienced in the cases treated with antitoxin. And "the high fatality of diphtheria in the early years of life is notorious."—*Med. Press and Circular*. W. N. M.

INJURIES OF PARTURITION.

At a recent meeting of the British Medical Association in Montreal, the President's address to the section on obstetrics and gynecology was given by Sinclair, of Manchester (*Brit. Med. Journal*). The text of his paper was the case of a young primipara whom he saw in consultation, suffering from septic infection, with laceration of the vagina caused by the use of forceps. The trend of his paper was to show that the use of antiseptics and anæsthetics has made physicians careless, leading them to resort to the use of forceps hastily and in cases which would terminate naturally if left alone. He supports this statement by statistics from English physicians, which virtually amount to a statement that nearly 75 per cent. of the labor cases in manufacturing towns are terminated by forceps. He also alludes to the remarkable statement from the Rotunda Hospital, that after forceps application women die from fretting. Sinclair then proceeds to show that at the Manchester Maternity, about 9 per cent. of cases in the house are terminated by forceps without maternal mortality. In out patient practice, in the same clinic, the forceps were applied in 1.4 per cent. He adds a list of statistics from the maternities of the continent, showing that the use of forceps varies from 1.04 to 22.6 per cent. of cases, the highest average being found at Munich, in Winckel's clinic. He urges very strongly a strict limitation in the use of forceps. He thinks it improper to trust simply to mercurial solutions to secure antisepsis. He recognizes the value of closing lacerations, but in his observation such closure has not been very successful.

We are not deeply impressed with the excellence of obstetric practice in the hands of the average English physician, if these statements are correct. It is unfortunately true, as experience has shown in the case of some, that a large obstetric practice can be built up by giving

anodynes freely until the os is nearly dilated, and then delivering the patient with forceps. Ensuing lacerations were closed when severe, and otherwise were left to heal by granulation. Such practice, however, is not that of the best obstetricians at the present day. Among neurotic and ill-developed women, whether those enfeebled by luxury or hard work and little food, the forceps must often be used. Many of these cases are delivered by the use of Barnes' elastic dilators, assisting uterine contractions by stimulants, and by manipulating the uterus without the use of instruments. In others, the timely use of forceps prevents uterine relaxation and hemorrhage, prevents exhaustion, and brings much speedier convalescence than delay in labor. It is, however, the practice of the best obstetricians in the United States to immediately close serious tears of the cervix, pelvic floor, and perineum, and under antiseptic precautions satisfactory union occurs in a great majority of cases. Septic infection is rare among patients in our best hospitals, and equally rare in the practice of our best men in private houses.

Dr. Sinclair's comments upon the use of forceps remind us that, if we mistake not, a member of the royal family of England was once allowed to die in childbirth because of an inexplicable reluctance to apply forceps. Dr. Sinclair urges, however, an improvement in obstetric instruction, so that the student shall receive the same teaching that is now given in surgery and medicine. The need of improvement in this direction in America is quite as great as in England.—
Amer. Jour. Med. Sciences. W. N. M.

SOCIAL PURITY AND MARRIAGE.

E. S. Bullock, New York, says (*N. Y. Polyclinic*) that new ideas and principles increase in number in a direct ratio to the lengthening age of the world. One which can be referred to the rapid spread of scientific knowledge among the people in general, and especially to the higher education of women, is the growing conviction on the part of the gentler sex that they should not receive into their arms the men aspiring to conjugal felicity who can not bring to them a guarantee of freedom from disease which, when existent, may menace the health of the wife and her children, and destroy the happiness which marriage should bring to all who participate in it. That great educator, the modern novel, its co-worker, the problem play, and, last but not least, the higher education of women, have all been potent influences tend to take sexual relations from its place among the mysteries of life, from the darkness with which it has always been environed, and allow the clear sunlight of scientific knowledge to shine upon it. Such influences as these are to many maudlin occupants of the pulpit proofs of degeneracy; or what they are pleased to term, the impure spirit of the age. To the calm and careful thinking sociologist they are evidences of a wish to see the question settled. To end controversies is pre-emi-

nently the spirit of the century in which we live, and what our sexual relations should be is but one of the problems of which we seek the solution. Knowledge is not impurity ; innocence which knows not its place in the world is degrading. Normal, healthful sexual intercourse is no more wrong than the performance of any other purely physical act, and it only becomes wrong when performed in the face of social law. Our social system puts clearly defined limits upon sexual indulgence, and proscribes license. Our intelligent women are waking to the fact that the social law was not made for women alone, but applies in all equity to the opposite sex as well.

A moral nature so finely developed that it will not permit its owner to enter into the marriage state, bearing the seeds of possible direful results to wife and family, is not common among men. Sometimes mistaken and pitiable marriages are the result of ignorance rather than of moral deficiency, but the family physician and the consultant are no longer the only ones who know why such and such a wife is an invalid, or why such another one is sterile. Keen sighted women are coming to understand these things. Victims and sufferers, perhaps, themselves, they are rising in defense of the daughter's health and happiness from the results of a life of lasciviousness antedating marriage on the part of the man who desires to share the conjugal bed.

From Paris, that star in the firmament of cities, as well as the cloaca of civilization, comes the latest instance of this awakening on the part of thinking women. At a Woman's Congress recently held, resolutions were adopted to the effect that "all families must secure certificates of health from intended sons-in-law, in order to guard the daughters of the Republic from the risk of contagious or hereditary maladies in the aspiring fathers of a later generation."

Medical men have accomplished much in promulgating the doctrines founded upon their work and study, and the world is bound to awaken to the importance of the subject when it understands that 15 per cent. of all diseases of women, excluding prostitutes, are caused by gonorrhœa and its sequelæ. Still, and in spite of this, only a small proportion of the credit of educating upon these lines belongs to the medical profession. Medical literature is peculiarly barren of knowledge relating to sexual subjects. Medicine, like parents, leaves this as the one subject to be avoided.

Let us say all we can in encouragement of the women of France in their good work, and extend a welcome to the fast approaching time when the young couple starting out on the way of married life come to each other with a clean bill of sexual health. It will be one great step toward the future marriage, which, like good life insurance, will be impossible without a certificate of freedom from hereditary or acquired disease.

FORMALDEHYDE GAS.

Dr. H. E. Wood states that the chief interest in this drug centers in its powers as a germicide and disinfectant. As a gas it will penetrate not only animal tissues, but almost all organic substances, so that books infected with various pathogenetic germs could be disinfected by being shut up for fifteen minutes in an atmosphere containing the vapors of commercial formaline (40 per cent. aqueous solution of formaldehyde), one part to three hundred of air. The method of Trillat is the preferable one, and consists in the use of the formaldehyde directly after its production by the passage of the vapors of methylic alcohol over red hot metal. Kinyoun has shown that none of the ordinary fabrics are injured by the gas which is capable of completely disinfecting curtains, carpets, clothing, bed-covering, and the minor forms of furniture, although it is doubtful whether heavy upholstered furniture, such as sofas and mattresses, can, in their interior, be thoroughly disinfected. The gas is so irritating that no one can remain in the room during the disinfection, but the lamp employed is automatic, and can be left to itself. It can also be used for the removal of foul odors; one-half to one per cent. solution is sufficient for cleansing vessels in the anatomical laboratory. If the hands be washed with it and afterward with alcohol, they are rendered completely antiseptic, but are not stained or irritated. It does not affect instruments, and it is efficient in preparing cat-gut and surgical dressing. For the cleansing of an enfeebled wound, a two-per cent. solution is used, but for a continuous local application or free irrigation, one-fourth of one per cent. is sufficient. — *University Med. Magazine*.

W. N. M.

THE RECENT GRADUATE.

Theoretically the recent graduate is, as a rule, ahead; practically, the man of some years' practice is ahead. Experience and knowledge of medicine in the writer's mind, are not synonymous. Experience indicates that a practitioner is a good judge of human nature, rather than that he possesses a broad knowledge of medicine, and, of course, a knowledge of human nature enables him to play on the foibles, and follies, and weaknesses of his patrons, and hence, holds them as clients, where the unexperienced recent graduate would have no show; yet the latter could give him nine points on medicine and yet beat him to the tenth. The above proposition is demonstrated every day; if not so, why is it that quacks are so successful? Modern methods of teaching are quite different from what they were even ten years ago, and now, not only is the recent graduate well equipped theoretically, but he has had the opportunity of observing as many cases in the clinics of his college course as would occur to him in five years of private practice under the old regime. This enables him to make a correct diagnosis and outline a successful line of treatment, but it is not the kind of experience which assists him in holding his patients. It is in

this respect that the older physician can help his younger brother, if he so chooses, although it is a kind of knowledge which is perhaps hard to impart. He can also, without detriment to himself, speak well of the young man, and not say, "He is a bright young fellow and will make a mark in the world when he gets older and has had more experience."

One word of advice to the recent graduate: Don't think that because your friend, the doctor, can't give the names of the branches of the carotid arteries, or remember the technical names of all the bacteria causing disease, that he can't make a scientific diagnosis. If you do—well you will have the conceit knocked out of you so hard some day that your recovery will be doubtful in the extreme.—*Southwestern Medical and Surgical Report*.

The Surgery of the Country Practitioner.

The surgical work of the country practitioner is varied in its scope, but it may be said that it consists to a very great extent in attention to emergencies. These may be of the most trivial kind, but they may be of an appalling nature, such as try the souls of men, and it is often in this sort of work that the country doctor shows a power of correct and resolute decision which carries the day in the face of odds that appear to be insurmountable.

In surgery, as well as in medicine, the personal equation of the practitioner is a factor of paramount importance, and of all the elements which concur in the achievement of success, there is none of greater value than the possession of the rare faculty of so-called common sense. There was a justly celebrated surgeon in this city whose terse description of the operation for strangulated hernia is well worth remembering. He said: "Cut through the Latin names, and get to the gut." It takes but a moderate degree of skill to perform many an important operation, and a clear understanding of what is to be accomplished, with the utmost care never to cut unless you are sure of what your incision is going to accomplish, will often bring about a good result, which no amount of theoretical knowledge alone could have achieved.

In the treatment of fractures and dislocations the man with a mechanical bent of mind can accomplish wonders. In the treatment of wounds accurate co-aptation of severed surfaces, and a thorough understanding of cleanliness, are the most important points. It is evident that in surgery an immense amount can be done by the man of quick perception and ready understanding, and we are thankful to be able to say that it is our belief that such individuals are many, and widely scattered over the land, helpful, energetic, with faculties keen and ready to bear upon the most knotty problems that may be presented by the appalling emergencies which so often arise in the practice of our country doctors.—*International Journal of Surgery*.

The Wreck of a Life and its Warning.

The sudden and lamentable death of a young physician of this city, on the morning of January 1st, from an overdose of cocaine, was a sad termination of a career which had the promise of being highly prosperous and even brilliant. The doctor, after completing his medical studies at the College of Physicians and Surgeons, nearly eight years ago, and serving as interne and house physician at several of the city hospitals with distinguished ability, had entered upon the private practice of his profession with unusually bright prospects of success. But unfortunately and unadvisedly, he several years ago commenced the habitual use of cocaine in a medicated spray, for the relief of a chronic nasal catarrh, from which he had long suffered. As is quite sure to happen in such cases, the dose which at first afforded relief, soon required to be increased in order to produce the desired effect; and then a demand for the drug in gradually increasing quantities, as a general stimulant, was created, until finally a dose somewhat too large, or taken when the systemic powers of resistance were below the usual standard, led to a fatal result.

There can be little doubt that practitioners of medicine often fail in their duty in prescribing stimulants and narcotics to be used habitually as remedies in chronic diseases, or in not clearly and emphatically directing that these remedies are to be used only as temporary expedients, which must on no account be continued after the initial prescription has been exhausted—at least without further advice and a renewed prescription. And it may be added that the use of stimulants and narcotics in chronic diseases is not simply dangerous; in most cases the practice involves a medical blunder, since it serves to weaken the parts it was intended to strengthen, and so to perpetuate the maladies it was intended to cure.—*Editorial in Med. Record.*

W. N. M.

Nervous Symptoms of Rachitis.

A. Jacobi (*Archives of Pediatrics*, November, 1896) says nervous symptoms are frequent in rachitic infants. The symptom of cranio-tabes means cerebral disorder and other general or local disturbances. After gastro-intestinal causes have been excluded, rachitis takes a prominent place in the nervous disorders of children. Insomnia is frequent. Many children sleep better when carried about on the arm, because the cerebral congestion is lessened in the erect posture. Some children have night terrors; they are easily frightened, peevish or morose and bad tempered, sometimes to the point of moral or intellectual insanity. They often rub their heads on the pillow to such a degree as to become bald on the occiput. The suspicion of rachitis ought to be aroused when children perspire copiously all over, or mainly on the head. Aside from the hyperidrosis, the author mentions laryngismus stridulus, general convulsions, hydrocephalus, Trousseau's symptom, tetany, nystagmus, and spasmus nutans.

The Treatment of Bleeding in Pregnancy and Labor.

In the *Scottish Medical and Surgical Journal*, No. 8, 1897, Barbour calls attention, in an interesting clinical lecture, to the sharp distinction to be drawn in practice between cases of bleeding requiring vaginal tamponing and those in which the treatment would be most harmful or fatal in result. In the first class he describes cases of abortion without dilatation, placenta prævia in the early stages of labor, and torn cervix without relaxed uterus. In the second division were incomplete abortion where dilatation and emptying of the uterus was necessary; accidental bleeding from a fall, and post partum bleeding from uterine relaxation.

He calls attention to the fact that in early pregnancy bleeding takes place from the whole uterine cavity; in the latter months from the placental site only, as a rule. Hence the womb must be entirely clean and empty in early pregnancy for bleeding to stop, and in latter pregnancy pressure must in some manner be exercised on the placental site. This is secured by uterine retraction, by gauze pressure, and the astringent action of hot water [120F]. Ergotin is useful for continued action upon the uterine muscle. The formation of thrombi is considered most valuable, and in placenta prævia plugging the cervix with the fetal breech and limbs. In concealed hemorrhage the membranes must be ruptured.

[In addition to the excellent treatment which Barbour advises, we value highly strychnine given by hypodermic injection, to secure uterine retraction. In torn cervix we suture the rent, when extensive, with chromicised catgut, with excellent results. We have abandoned the use of gauze packing in cervical tear and bleeding in all cases where the patient's condition justifies the manipulation required in suture.—ED.]—*Amer. Jour. Med. Sciences.*

The Maternal Risk in Twin Pregnancy.

Stephenson, of Aberdeen, in his "Studies in Practical Midwifery (*Scottish Medical and Surgical Journal*), discusses the subject of twin pregnancy, and especially the maternal risks.

In general the maternal mortality is more than double that of single pregnancy. This arises with some patients from convulsions—one in 81 cases against one in 363 normal cases.

Hemorrhage is five times more frequent in twin than in single births, especially in the third stage of labor. The placenta is adherent twice as often in twin as in single births. Retention of the placenta necessitating interference was six times more frequent in twin than single births. Stephenson urges very sensibly that twin labor is an incomplete labor; after the first child is born the womb is exposed to incomplete retraction, and hence to hemorrhage. No time should be lost in completing the delivery, preferably by version, thus avoiding risks of hemorrhage. Between 5 and 7 per cent. less cases of twin labor end in

a given time than with single births. As a result care must be taken to avoid the dangers which delayed labor occasion.

In general, twin labor demands careful external examination of the patient to determine the presence of the second child. Unless the second follows quickly after the first twin version should be done and the second twin delivered. All possible precaution should be taken to avoid failure of uterine retraction and hemorrhage.—*American Journal Medical Science*.

Spitting in Street Cars.

The ordinance against spitting in street cars is being enforced in Philadelphia, where lately a passenger has been arrested and fined \$5 for persistently violating it, though requested by the conductor several times to desist. In other near cities, notably Rochester and Scranton, the subject is engaging attention, and means are being discussed or adopted to reform the evil of spitting in public places. In Rochester several persons have been fined for spitting on the sidewalks. In Scranton the newspapers are urging the passing of an ordinance which shall prevent the further exhibition of this filthy and dangerous practice. We hope to see a similar ordinance in Buffalo, and its equally thorough enforcement. Too much attention to cleanliness can not be paid in street cars, where all sorts and conditions of people ride every day in the year.—*Buffalo Med. Jour.*

Pulsatilla.

Dr. Hosper presents a case in the July number of the *American Medical Monthly*, illustrating the application of pulsatilla in genito-urinary diseases. He says the case was one of an Irishman, sixty-four years of age, married, light hair, blue eyes, disposition variable, one time exhilarated, the next depressed, constipated, sense of fulness in the region of the bladder, with almost constant desire for urination. The symptom was very annoying, and was aggravated at night, causing him to arise five or six times during the night. Sexual desire was strong. On examination, found an enlarged and extremely sensitive prostate gland with a sensitive urethra, and with difficulty to pass No. 17 American or 25 French sound. Under the action of pulsatilla there was a general subsidence of all the acute symptoms which gradually went on to complete recovery.

Unnecessary Noises.

The *Philadelphia Medical Journal* of July, 16, says: "There are four good reasons why every physician and every other good man should wage persistent war against unnecessary noises: 1. Because in a certain and increasing number of sensitive and 'well' people such noises distinctly aid in carrying them over the easily passed line between comparative health and the sick and the 'unfit for service,' thus

surely increasing the sick rate; 2. Because they decidedly destroy the vital and restorative powers of the sick, and thus greatly increase the death rate; 3. because they dull and brutalize the nervous system of those who can and do learn to withstand their pathogenic influences; 4. because they serve to make the sensitive and cultured, who are able to do so, separate themselves in their search for quiet from the masses who must endure, thus serving to intensify the license of the noise-makers by lessening the check upon their crimes. The separation of the community into classes is exaggerated in this way, and these growing wider apart make impossible desirable helpfulness, sympathy and mutual understanding of each other. Noise is undemocratic; it also should be un-American.

The Spitting Nuisance.

It does not seem that very much has yet been accomplished by the city board of health's action taken to check the offensive and pernicious practice of spitting upon the floor in public places and conveyances and upon the pavements. We expect, however, to see the board carry its point ultimately, although probably the result will be due to education, persuasion, and the force of example rather than to ordinances.

Twenty-five years ago the great majority of American men, including those of refinement and good breeding, were in the bondage of the tobacco chewing habit, but that habit has so nearly disappeared that addiction to it is now looked upon as a *prima facie* evidence of vulgarity among educated persons. The legend, "Gentlemen will not spit upon the floor," appearing on signs in hotels, in ferryboats, on railway trains, and elsewhere, susceptible as it was to two interpretations, has had its effect. It is not that a new generation has grown up; those who formerly ejected tobacco-juice from the mouth with scant regard for decency if any, now look upon tobacco-chewers with loathing and wonder how they themselves could ever have come to practice it. These men are just as fond of tobacco as they ever were, but they now appreciate the indecency of their former way of indulging their fondness for it. If this has been accomplished in such a short time—largely, no doubt, as the result of women's labor—may we not hope that the time is near at hand when all forms of offensive and dangerous spitting will appear to people in their true light?—*New York Medical Journal*.

Are Brains Unnecessary?

Brown Sequard found that in the last stage of cholera, when the blood had become black and coagulating, the minds of patients were still clear and active. It is commonly held that brain without blood is useless for thought. But how much of the brain itself is necessary? The following reported fact is wonderful:

At the request of a number of prominent physicians of Philadelphia, Dr. S. S. Koser held a post mortem examination of the remains of John Bly. Bly, who was twenty years of age, for a long time suffered with a tumor, which grew into the very base of the brain, and occasioned his death. The growth had a visible effect upon his brain, and the case became a curiosity to the medical profession. The tumor was imbedded too deeply into the brain tissue to admit of an operation. It was found that the tumor was nearly as large as a billiard ball. It was so located as to demoralize the nerves of the right centre, and as a consequence young Bly was blind for over three years. The most singular fact developed was that the entire brain had been hollowed out by the action of the tumor. The cavity was at least five inches in length and was filled with pus. All that was left of the brain was a thin shell, composed of the tougher tissues, which were less susceptible to the progress of decay. When an incision was made in the shell the whole mass collapsed.

The circumstances which made the case almost unprecedented in the annals of medical science was the manner in which the patient retained his rationality and faculties under the circumstances. He had the senses of touch, taste, hearing and smell; had very tolerable control of his locomotor muscles, could talk, and, in fact, was comparatively discommoded in no other way than by the loss of vision. His retention of memory was remarkable. He was able to memorize poems up to within two weeks of his death.

Hygiene in the Nursery.

The importance of nursery hygiene is made clearly evident by the fact that in all civilized lands in which accurate statistics are kept, nearly one-half of all human beings born into the world die before the age of five years. It is not overstating the truth to say that half of these lives might have been saved by good hygiene—and probably a much larger proportion might be saved by scrupulous attention to all the conditions of health.

To this great mortality resulting from ignorance or neglect of infantile hygiene must be added an enormous, though not easily estimated, amount of disease which originates in infancy or early childhood, although it does not always become apparent until later years. Careful inquiry into the early history of many thousands of sufferers from chronic ailments of various sorts has convinced the writer that in a very large number of cases the chronic disorders of adult life had their origin in morbid conditions established in infancy or childhood. This is especially true of diseases of the lungs and the stomach.

Frequent colds, resulting from improper clothing and neglect, and from ignorance of the possible injury likely to follow, lay the foundation for chronic catarrh, deafness through extension of the disease to the ears, chronic throat ailments, bronchitis, and even consumption.

Infantile dyspepsia, resulting in dilatation of the stomach, gives rise to chronic disorders of many sorts in later life, especially nervous headache, nervous dyspepsia, gall stones, jaundice, so-called "torpid liver," and a great variety of other nervous diseases, possibly including paralysis, epilepsy, and other grave and often incurable maladies.

As an introduction to the consideration of the subject of the hygiene of infancy and childhood, we may profitably devote a few paragraphs to the consideration of the child as it appears in a state of health, and the contrast presented by a sick child.

High Heels.

Women are more often too short than too tall, and consequently try to gain height by putting on high-heeled shoes, and these do, undoubtedly, give dignity as long as the wearer stands still, but in motion they are graceless, even in a room, and deform the feet. Thus women are made to minister to a very short-lived fancy, and from a physiological standpoint, we cannot recommend them. American women, as a rule, have too small feet, which do not add to their beauty. The better shape a foot is the smaller it will look, but in the disproportionately small foot there is always involved an awkward gait. The foot of a large woman should be larger than the foot of a small woman or a slenderly built woman, and usually—to her unnecessary sorrow—she has a large one. The foot in length should be the length of the length of the ulna, a bone in the forearm, which extends from a lump in the outer portion of the wrist to the elbow. Of course the ulna is longer in tall people, and to be graceful the foot should be also. Most people would be surprised that the foot should be as long as the forearm, and would be inclined to dispute the fact, unless proved by experience. Large women pinch their feet in tight shoes because they are ashamed to have them in proportion to their bodies; thus in time they deform them until they are out of all proportion to the body, and sometimes in the direction they do not intend. The public eye, being not critical of proportion, without their going to the pain of pinching their feet, consider them small, therefore there is no excuse for exchanging this kind of torture and dignified carriage, two essentials to the greatest beauty. In fact, anything else could be better sacrificed than ease of motion.—*Pacific Med. Record*.

WATER PURIFICATION.—Dr. Thomas B. Carpenter concludes an article on this subject [*Albany Med. Annals*] as follows: 1. Purification of water should be municipal, not domestic, because domestic filtration can not be relied upon. 2. Domestic purification can be best obtained by heating to 80° C. for twenty minutes. 3. All evidence available at the present time favors the superiority of "natural" filtration for purification on a large scale. 4. With few exceptions, all American cities furnish their inhabitants a water that is at least suspicious, and in most cases polluted. 5. A continued typhoid mortality of over twenty per one hundred thousand means a polluted water and a preventable sacrifice of human life.—*Med. Record*. W. N. M.

CIGARETTE SMOKING.

The subject is an old one, one that has long since been laid aside for others more recent and interesting, yet, if we observe that the habit of cigarette smoking is constantly increasing among boys, it should demand our attention to-day.

What is there about tobacco smoke so injurious to the young? Analyzing the smoke from tobacco, it is found to contain water in the form of vapor, free carbon in minute particles, ammonia compounds in a state of vapor, carbonic oxide and nicotine, a complex substance, which, when analyzed, is found to contain a fluid alkaloid—nicotine proper, a volatile substance containing ammonia, and a bitter resinous extract. Numerous other substances are often produced, but those mentioned are always present, and to them can be traced the evil effects of smoking. These are more readily taken into the lungs when smoking cigars or cigarettes than when a pipe is used, as the stem of the pipe, if porous and clean, absorbs the nicotine.

Dr. Richardson says that when tobacco is used, the blood becomes thinner, and, in extreme cases, paler. Examined microscopically the red blood corpuscles are found fewer in number and to lie widely separated, the tendency to form into rouleaux being lost. The form is changed from the double concave and smooth border to an oval form with a cremated porder, indicating a change in the density of the plasma. The ammonias have the effect of dissolving the blood corpuscles; the absorption of the blood of the various poisons inhaled when smoking lessens the oxygen-carrying power, hence oxidation of the tissues is partially arrested and their disintegration retarded. The poisonous products are quickly eliminated through the lungs, kidneys and skin, and one day of abstinence from the use of tobacco is sufficient to restore the blood to its normal condition.

The influence upon the heart is that of a functional derangement producing irregularity of action, due to the poisonous effect of nicotine upon the nerves controlling its action. The symptoms are those of palpitation, dyspnoea, and sometimes pain.

Upon the nervous system the poison (nicotine) has a decided effect. It paralyzes the nerves controlling the muscles of the iris, and consequently the pupil becomes widely dilated. The symptoms produced are obscurity of vision, specks before the eyes, and sometimes deep-seated pain. Upon the exhausted brain it has a soothing effect; upon the fully nourished brain it acts as an irritant. In extreme cases the most pronounced effect is that upon the cord, both the sensory and the motor nerves of which may be affected, as shown in external insensibility, convulsions and paralysis. Death results from respiratory failure due to spasm of the chest muscles, or from paralysis of the heart.

Through the sympathetic nervous system the secretions are disturbed, also the regulation of involuntary muscular contraction, as shown by the muscular spasm of the stomach and by the vomiting

produced on the first attempt at smoking. The nerves controlling the secretions of the glands are affected in such a way as to cause over-secretion, and if tobacco is excessively used, secretions may become uncontrollable. In the majority of smokers the salivary glands are excited to over secretion, and if the saliva is swallowed it conveys to the stomach the poisons, nicotine and the bitter extract. These irritate the mucous membrane, and cause inflammation. Irregular secretion of the gastric juice follows, and often a deficient amount is produced, causing dyspepsia and loss of appetite.

The muscular contraction of the stomach and intestines is increased. In moderate smokers this acts as an aperient; but if smoking is carried to an excess the muscles may become paralyzed and constipation results. These disturbances being functional, the tissues quickly regain their normal condition when tobacco is not used.

Although the salivary secretion is increased, the mucous membrane of the tongue and throat becomes dry and irritable, due to the ammonia inhaled. The gums may become firm and contracted, or vascular and sore with a tendency to bleed. In the smoker's sore throat the mucous membrane is inflamed, the tonsils enlarged and soft, causing pain on swallowing.

Free carbon is deposited upon the teeth, discoloring them; but acting, it is thought, as an antiseptic and preservative. Inhaled into the lungs it acts as a mechanical irritant to the mucous membrane of the bronchial tubes, and if bronchitis be present it maintains an irritable state of the membrane and keeps up the cough. It cannot be said to cause directly any organic disease of the lungs; but the absorption by the blood of the various poisons inhaled causes a general enfeeblement of the system—the carbonic acid and oxie causing incomplete oxidation of the blood, the nicotine producing various nervous phenomena, and the ammonia compounds having a solvent power upon the blood corpuscles. Thus, by lessening the bodily vigor the person is unable to withstand disease, and if he inherits weak lungs, may easily become a prey to the tubercular bacilli.

In conclusion, I would say that upon the young tobacco has a decidedly injurious effect. If, as I have tried to show, tobacco produces functional disturbances of the principal organs of the body, the heart, the stomach, lungs, etc., and that the system is constantly striving to eliminate the poisons, then surely so much energy is wasted through all the years when so much is needed for growth and repair. With the blood incompletely oxidized, heart acting feebly, stomach refusing to digest properly, lungs, skin and kidneys overworked, the whole organism is in a state of disorder. What is the result? Dr. Richardson says, "Impairment of growth, premature manhood and physical degradation."

By all means prohibit the young from smoking. Already several States have passed laws prohibiting the manufacture and sale of cigarettes to minors. Anti-cigarette leagues are formed among the boys in some of our large cities with very encouraging results. Let the good work go on.—*The Pacific Record*.

Eclectic Medical Journal.

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JOHN K. SCUDDER, M. D. MANAGING EDITOR.

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THE ECLECTIC MEDICAL INSTITUTE.

The fifty-fourth annual session of the college opened auspiciously on September 19th, with a large enrollment of students. The Freshman class is larger than the one entering last year, and the senior class promises to be the largest for several years. The first, second, and third year students in the four years course will attend until April 1st; the seniors until May 9th; so that a student entering now can attend the additional six weeks, and make a full session of twenty-six weeks.

The four years graded course is now running smoothly, and the work is so arranged that a student can progress gradually through the different stages of primary and didactic lectures, laboratory work, hospital and clinical work, to specialties and the higher branches of medical instruction. The educational qualifications of our new students show a marked improvement each year, and in connection with our increased facilities and advantages, insure a well qualified body of graduates to uphold the banner of Eclecticism. "By their fruits ye shall know them," applies to medicine. We pride ourselves on the Eclectic teaching in our college, as exemplified by the qualification of our graduates.

THE PUERPERIUM.

III. ATTENTION TO THE CHILD.—Second only in importance to the mother is the attention and care of the child. Much of the sickness and trouble with which the infant is subsequently annoyed, as well as certain defects, and even in some instances death may be attributed to inattention and carelessness at the beginning of the puerperium.

Care should be exercised by the physician not to injure the child in any manner through his manipulations during the delivery. As soon as the head emerges, a careful inspection should be instituted to dis-

cover whether or not the cord encircles the neck, which is quite frequently the case, and, as a consequence, very serious results may follow unless detected. In the event of its presence, it should at once be disengaged. This can usually be accomplished by slipping a loop from the neck over the head while it is lax during the absence of pains. If failure attends the effort at disengagement, the cord should be severed with the scissors, no time being lost in applying a ligature, which can be attended to after the completion of delivery. The head should be supported with the hand, and with the delivery of the body should be guarded by placing it in a position out of reach of the discharges from the vagina. The finger should be passed in the mouth in order to clear away any mucus, after which, if everything is right and child in good condition, it will make its presence known by crying.

Some physicians have abandoned the use of the ligature; however, it is safer and better to use it, and two should be applied as soon as the pulsations of the cord cease, cutting between them. By waiting till the pulsations cease the child receives about four ounces more blood, besides allowing the circulation to thus continue, it favors more ready detachment of the placenta. The child should be received by the nurse, enveloped in some warm wrapping and removed from the parturient chamber to some other apartment with suitable surroundings as to heat, etc., where the washing, dressing and toilet should be under the supervision of the physician. Sweet oil or vasaline answers very well as a means with which to annoint the skin, and this should be thoroughly done from "top to toe," after which a careful cleansing and washing with a good castile or other pure soap should immediately follow. As soon as the child is washed and dried a careful examination should follow to determine whether or not any abnormal conditions exist, especially as to cleft palate, imperforate anus, or of the special organs; if a male the condition of the prepuce; also any injury to the scalp, in case forceps were used. Attention should be paid to properly dressing the cord, which consists in protecting it from injury, irritation or chafing from the clothing, wrapping it in a charred cloth, preferably old linen answers very well, or absorbent cotton will suffice, surrounding which the binder should be snugly secured.

After the toilet is completed the child should be allowed to nurse. This favors the secretion of milk and should be continued every few hours, alternately at each breast until the milk comes, there being no occasion for feeding the child (sweetened water) in the meantime. After the secretion of the milk the child should be allowed to nurse about every two hours through the day during the first six weeks and every three hours thereafter until weaning. Too much emphasis can not be placed upon the importance of *regularity* in nursing. No doubt much of the colic and sickness among nursing babies is due to negligence in this matter, and in allowing the child to nurse every time it cries. The health of the mother must likewise suffer from

overindulging the child in too frequent nursing. Her food should be nourishing and sustaining, and taken at regular intervals during the period of lactation. If the mother appears to be unable to properly nourish the child, means should be prescribed, as already mentioned heretofore, to increase the quantity and quality of the milk; or it may be necessary to combine artificial feeding with nursing for a time. There are several very good prepared foods in the market, one of which may be used. The malted milk, in our experience, has served the purpose very satisfactorily. The period for weaning should usually be about the twelfth month. After this time the milk as a rule is not sufficiently nourishing for the child, besides continued nursing is likely to prove wearing to the mother. The autumn season is the preferable time for weaning. At any rate it should not occur during the hot months of summer. A nursing child, in addition to milk, should be given two or three teaspoonfuls of water every day. R. C. W.

VALERIAN.

This is an old remedy that, in regular medicine, enjoyed the hay-day of popularity before the introduction of the coal-tar products into medicine. Since the advent of these "knock-outs," it is not so frequently used by these gentlemen. Notwithstanding this, it is an excellent remedy, and has received the praises of physicians of all schools. Old-school text-books and practitioners will all tell you that valerian is an excellent remedy in *nervous* diseases and complications. The discriminating eclectic makes the drug more valuable, and adds certainty to medicine by adding "when these conditions result from an enfeebled cerebral circulation." So that we will each say that it is a remedy for all nervous conditions.

Valerian, in proper doses, is a gentle stimulant to the nervous system. It is not narcotic, but anti-spasmodic, and its administration relieves that high tension common to nervous states. It slows the pulse, modifies or averts pain, promotes rest, and favors sleep. Large or over doses produce dire effects, with drastic discharges from the bowels as a complication. Of the specific medicine, upon which our experience is based, the dose is from one to twenty drops, well diluted with water. Cinnamon in some form helps to overcome the unpleasant taste of valerian.

With enfeebled blood supply to the brain as the key-note to its use, valerian is a most excellent remedy in treating the nervous diseases of women. Of course the fact that the patient is a male will not prevent its use. But the ideal valerian case is most frequently found in the feminine gender. Valerian is a sovereign remedy in wakefulness, despondency, hypochondria, and in hysteria. In the various nervous headaches and in hemicoma, it should not be forgotten. Valerian is a safe and efficient remedy in the treatment of delirium tremens. The case is the opposite to full and plethoric. It is an excellent remedy for convulsive conditions—perhaps we should say to the conditions

that precede convulsions. It takes off nervous tension and lets the patient down to a plane that is below convulsive explosion.

Valerian is a remedy of no mean value in epilepsy, accompanied by great debility and poorly nourished nerve centers. It is a remedy of equal value in some cases of rheumatism, intermittent fever, colic, chlorosis, and in the later stages of pneumonia. Valerian—and especially when it is added to macrotys—is very frequently *the* remedy for chorea. Nervous depression and irritability are the watchwords.

Valerian is also a remedy of great value in allaying the nervous manifestations that precede or are the cause of some cases of pruritus. It frequently lessens the nervous manifestations of exophthalmic goitre, and as many of the most disturbing troubles of both diabetes insipidus and mellitus are nervous, valerian is often a remedy for them. Flatulence is frequently of nervous origin—the accompaniment of depression; then give valerian. The same is true of spasmodic asthma, and of many distressing coughs. Think of valerian at least, when prescribing for whooping cough, laryngismus stridulus, etc. While any specific medicine may be indicated and prescribed with or in alternation with valerian, we believe that in a very great many cases specific lobelia can be given with it, and with the most marked benefit. “Fullness of tissues,” the specific indication for lobelia, is very often found in the patient who is below par nervously, and who has poor blood supply to the brain. Study valerian, and report to the JOURNAL.

W. E. B.

HEREDITY.

Heredity and its influence upon the development, course, and character of disease is becoming better understood and more taken into account as experience demonstrates its importance.

However, disease is rarely a direct inheritance. A child is never born with a fully developed morbid condition except it be contagious or venereal. Still the soil is prepared and the seeds of disease, latent or acquired, flourish in the favorable conditions supplied by inherited tendencies.

While it is true that an individual is not precondemned to consumption because “it runs in the family,” nevertheless it is an established fact that heredity plays an important predisposing part, presents a state of body in which the tubercular process thrives when once a foothold is obtained.

As mental and physical traits are transmitted to offspring, along with them go predispositions to those diseases which have affected the parents, perhaps passing over one generation to appear in the next. Also affections which have not appeared in any ancestor may, notwithstanding, be inherited. Morbidity may have been slowly gaining strength through generations until the tendency has become powerful enough to manifest itself. Disease tendencies may lie latent for years, developing after middle life or when the patient has reached

an age corresponding to a period in which a like condition appeared in the parent. This is in harmony with normal inherited tendencies, which lie dormant for a period of years, the cells producing the beard do not functionate until after childhood, the forces concerned in the menstrual function are latent until puberty, and many special functions of cells manifest themselves late in life.

There is another curious feature in heredity, and that is the variability of inheritance, for instance hysteria in one generation may show the nervous perversion as epilepsy or neurasthenia or insanity in the next. Functional nervous disturbances are transmitted in various forms, and perhaps tubercle, cancer or other morbid states may be more or less interchangeable by inheritance.

L. W.

APPENDICITIS.

All cases of appendicitis are infective in their nature, and are the precursors of septic peritonitis, which they will produce in a majority of instances. The physician who fails to diagnose properly a case of appendicitis, especially of the recurring form, will hardly be excused for the error, when so much has been said and written on this important lesion.

The question of when to operate is one of those complex problems that may be somewhat difficult to solve. But I think we can safely assert that when the case has the characteristic symptoms of appendicitis, intense pain in the right iliac space, with the peculiar tension of the muscles caused by the inflammatory lesion, the rapidly rising pulse, increased temperature above 102°, with distension of the abdomen and nausea, and occasional spells of emesis, and finger-mark depressions on pressing the tumor mass, the time for operation is fairly well made out, or we might say the abscess has fully formed.

If, on opening down upon the appendix, the case has progressed to the formation of an abscess, the surgeon should be contented with the simple open incision and drainage; and in some cases where there is developed thick pyogenic membrane, it is well to carefully curette this membrane, and wipe out the abscess cavity with dry gauze, and then pack the cavity with iodoform gauze, carefully filling the base of the abscess, and allowing an opening of sufficient size for perfect drainage through the cutaneous incision. To be sure, care must be used not to break the abscess wall through into the abdominal cavity.

In those cases where the appendix has not ruptured, it should be removed with much care, circularly dissecting down at its base a cuff-like covering, and applying a ligature at the most dependent portion of the dissected appendix. The cuff or flap of peritoneal tissue is then carefully sutured over the stump. In dealing with the incision through the abdominal parietal wall, it is well to use two silk sutures inserted an eighth of an inch from the edge of the wound on either side of the incision as retractors. This lessens the handling of severed tissues, and gives the surgeon the greatest amount of space, which is quite a

factor in these operations where the incision is not more than an inch and a half or two inches in length.

The surgeon's responsibility does not cease with the execution of the surgical procedure. He should instruct the physician in charge to give freely of broken doses of sulphate of magnesia in a little hot water, or give small seidlitz powders in hot water, until free action of the bowels has been obtained by the use of the medicine. The magnesia antidotes and acts as a strong antiseptic to the intestinal tract, and also lessens the acidity, which is a factor in the treatment of peritoneal lesions, and of the same nature as scalds or burns on other parts of the body.

It is always well to hasten the influence of the remedies by the proper use of enemas of glycerine and salts; and in tympanitic cases the addition to enema of a few drops of turpentine. These precautions are to be repeated in those cases where there is a recurrence of high temperature. Do not give opiates under any circumstances, as they greatly complicate the recovery of the case by lessening the secretions of the body, and paralyzing the intestines. L. E. R.

CUPRUM.

The drug referred to here is the specific medicine cuprum, based on Rademacker's process, an alcoholic preparation of acetate of copper, and not the sulphate or commercial acetate.

The late Prof. Scudder used cuprum with great satisfaction, and described it as a "blood-maker" par excellence. Our experience with it has been very pleasant, and we prescribe it with confidence. Of course it is not a remedy to be given in treating every case of anemia. Due discrimination must be observed. It is especially indicated in those severe cases of exhaustion or anemia in which there is little or no loss of flesh, and really no very apparent reason for the existing condition. Usually the surface is pallid, tawny, waxey, even of a greenish hue; the tongue is broad, full, and clean; the lips and mucous membranes generally are pale, blanched; the bowels are torpid, and the pulse full and more or less sharp. Occasionally the tongue is covered with a dull, cheesy, greenish fur. Every feature of the patient emphasizes his exhausted condition and the poverty of his blood. Frequently the ductless glands are diseased when this condition presents, and have been for some time; or there have been exhaustive hemorrhages from some part of the body, and the expected recuperation has not followed. The bleedings may have been from the womb, or from the lungs, or from the kidneys. Or the chlorotic condition may have followed a colliquative disorder, as in the second stage of cholera, or in cholera morbus or cholera infantum. It is not an uncommon thing to find these anemic states accompanied by a sharp spasmodic cough, or it may be a sequence of pertussis.

No matter what the name of the disease that precedes the condition here described, cuprum is the remedy. It is a better blood-maker

than iron, the hypophosphites, or any other remedy or combination of remedies known to us. In an effort to relieve this persistent anemic condition the physician is often tempted to stray into the field of patent or proprietary compounds—to use the ready-made, hand-me-down drugs, whose number is legion. Do not prescribe routinely for anemia; but when you have a case in which the symptoms are as above, use cuprum. Of the specific cuprum, ten drops are added to four fluid ounces of water and a teaspoonful of the mixture given every three or four hours.

W. E. B.

THE ARMY MEDICAL SERVICE.

A great deal has been written lately in regard to the medical service during the late war with Spain, most of which is not flattering to the medical department. In fact, few if any, will deny that the medical service has been at fault.

The *New York Medical Journal* attributes the inefficiency of the department to an insufficient number of medical attendants. It says: "That while Congress provided for an extensive increase of the army it failed to make provision for a commensurate augmentation of the medical corps." And it claims that it is this numerical inefficiency of surgeons that has caused the trouble, "for the surgeons were on many days able to do little else than keep the record of admissions and discharges."

This reason may satisfy the *New York Medical Journal*, but will hardly satisfy the people at large. No doubt more attention could have been given to the sick and wounded had the force been larger, and we are heartily in favor of increasing the medical corps to that extent that every soldier who gives his service to his country and offers his life for its preservation, shall have the best attention our great government can furnish; yet, even had our boys been provided each with an attendant as soon as his disability occurred, there was one very important element lacking to effect a cure, namely, the *quality* of the medicines used. This must be a large factor in the cure of disease. During the war thousands of tablets were furnished the medical department, and to this fact, very largely, may be attributed the failure of the surgeons.

Typhoid fever, dysentery and the various pernicious types of fevers, were treated by tablets, and the wonder is that the mortality was not even greater, for every one of experience can testify to their insolubility, patients having thrown them off the stomach two or three hours after taking them, and also have passed them by stool hours after their ingestion. Tablets, especially those in which tinctures are employed, soon become inert, and the markets are flooded with *convenient*, but worthless drugs. More than sixty varieties of tablets were furnished as medical supplies. By this form of medication a routine treatment is encouraged, as it is less trouble and very convenient.

While on duty at the Grand Central depot G. A. R. week, we had the pleasure of prescribing for one of the boys on his way home from one of the hospitals. He failed to make the outgoing western train, which necessitated his remaining over night. His temperature was 103°, pulse 120, skin dry, tongue furred, and he was "aching all over," to use his expression. He said he had been taking quinine tablets ever since he had been sick. We prescribed tincture veratrum gtt. xl; water $\bar{\text{z}}$ iv. Teaspoonful every two hours. After taking two doses, he fell into a quiet sleep, and by six A. M. the following morning his temperature was nearly normal, pulse 80, skin moist, and he was feeling better than he had for weeks, and as he boarded the train for his home in Minnesota he said it was the best medicine he ever had. Here was a specimen that represented hundreds if not thousands of tablet medicated patients. Would any sane doctor expect to get the soothing sedative effect from a tablet containing veratrum that he would from a good tincture? Not one. The bane of the medical department is the *convenient*, but inert tablet; and until the character of the medical supplies is changed we need not look for an improvement of the present conditions.

R. L. T.

XANTHIUM SPINOSUM.—Cockle or Clotbur.

Modern literature on xanthium is not abundant. Diaphoretic, diuretic and sialagogue properties are ascribed to it, and it is generally recommended in any disease in which the prevailing or prominent symptoms are either great nervousness or excessive perspiration. It is also recommended highly as an anti-malarial remedy, or anti-periodic, and is said to be specially indicated by profuse sweating. It is said to have hemostatic properties, and to be an excellent remedy in various hemorrhages, menorrhagic, post partum, bleeding piles, etc., etc. Xanthium at one time had quite a reputation as a remedy for rabies, but this use of it has now fallen into a state of "inocuous desuetude." Either there is no rabies or xanthium is not a specific for its prevention or cure.

Personally, our experience with xanthium has not been in these lines. Some two years ago, Dr. W. H. Homsher, of Camden, Ohio, called our attention to it as a remedy in those inveterate cases of bladder trouble so frequent in women—chronic cystitis, or chronic catarrh of the bladder, with the host of well known, because so disturbing, symptoms. He suggested that it be used in connection with a tincture of red onion. Acting upon his suggestion, we have used it in this combination, and alone as well, and we are glad to say that we have found it a *most efficient* remedy. Given a case in which there is frequent and painful micturition, a "bearing down" inclination, fullness, pressure, sandy or gravelly urine, and xanthium is the remedy. We are of the opinion that the effect on chronic cystitis in the male will be fully as beneficial as it is in the female. We are also anxiously

awaiting a few cases of gonorrhea in which the *ardor urinae* is marked that we may give it a trial. Xanthium is certainly an active remedy, and should have the search light of experience or trial turned upon it for a short time. Will JOURNAL readers help in this trial? Our experience is based upon the use of specific medicine, xanthium spinosum in doses of from one to ten drops, repeated every three or four hours. When the red onion is given with it, seven or eight drops of each are given at these intervals

W. E. B.

PLEASANT MEDICATION.

Pleasant medication should be effective medication. A distinction must be drawn between medicine and nastiness. The most effective remedies are often comparatively tasteless. The nastiest of compounds may be medicinally valueless.

Since modern Eclecticism was established the people have learned these facts. Old school methods are vicious methods. Old school remedies are nasty remedies. Old school practice is a combination of viciousness and nastiness.

Modern Eclecticism by the use of humane methods reaches out for prompt results. The fraction of a drop of clean reliable medicine, properly administered, will be followed by positive effects. The thing to know is when to give the remedy and what remedy to give. Old school shot-gun treatment teaches neither the one nor the other.

The Eclectic Medical Institute qualifies its graduates to treat disease expression by humane methods. Specific medication is effective medication. It is pleasant medication; it pleases the patient and gratifies his friends. We teach specific medication and cannot supply the demand for our graduates. Whoever earns a diploma from the E. M. I. does not have to seek a location; he can choose his place.

MEDICO-LEGAL INVESTIGATIONS.

The physician is often called upon to assist the court in the investigation of medico-legal problems involving the act of a criminal or supposed criminal. In all these investigations, the act of assault or murder should not be construed to mean the act of an insane person; and there should enter into consideration a complete lack of motive on the part of the prisoner. In every community there are persons whose strange actions and conduct lead their friends and close observers to consider them of unsound mind. But if an overt act is committed, then the cloak of charity surrounds them by some, as an excusable act, on account of the weakened mental faculties, while others clamor for legal retribution, regardless of the mental condition of the party.

The question of sanity or insanity is to be discussed in behalf of the prisoner, who is placed on trial, and defended by the best of legal counsel. The questions that will require an answer from the physician, are as to the mental condition of the patient at the time of committing

the act. As to the delusion whether the prisoner was so incapacitated on account of his mental condition that he was unable to know right from wrong, and did he have the power to restrain his emotions, whether there was provocation or not at the time of committing the deed, or whether the prisoner, under the provocation and excitement, was so incapacitated by the confusion of thought that he could not rightly estimate the results of his act.

There should also be taken into consideration in the weighing of opinion whether was an exonerating delusion that caused the prisoner thus rashly without motive to commit the deed of which he is charged. The weighing of the question of sanity or insanity is one of the most complex of all medico-legal investigations. To determine the border land of right or wrong, of sanity or insanity, and to rightly point out to a court that intermediate line, requires the highest degree of reasoning power of any of the problems that confront the physician in "medico-legal investigations."

L. E. B.

RECUPERATIVE ENERGY.

Recuperative energy as defined by Lister "is the inherent power of a cell to recover after injury." The strength of the body is the sum of the strength of the cells of the body, and recovery will occur more rapidly and completely in those with cells of strong recuperative energy,

In the treatment of disease we are aided by this power, which differs in different individuals and varies, at times, in the same individual. There are those who are by nature of weak recuperative powers, others may become so through exposure to unfavorable conditions, and ability to recover may be completely exhausted by debilitating affections. In old age recuperative energies flag, disease is more disastrous, response to remedies less ready.

Unless assisted by this power the physician's efforts are futile. In great exhaustion from disease, injuries or surgical operations, the patient may for a time be artificially supported, but ultimate recovery depends upon inherent recuperative energy. And this is why those recover who have large portions of the body removed, or those in whom the severity and extent of injury appear sufficient to render death inevitable.

In time of war, therefore, the care of the soldier becomes of importance, all influences which tend to diminish the power of cells to recover after injury are, in as far as possible, removed; for recuperative power may be temporarily weakened, so that injuries prove fatal when recovery would have occurred under better conditions.

Improper and insufficient food, exposure to extremes of heat or cold, unhygienic surroundings, malarial matter, uncleanness, personal or general dissipation, or venereal excesses, all tend to reduce the recuperative power of cells.

In reading reports of cases it is sometimes a question as to how much was due to the treatment and how much to the recuperative power of the patient.

L. W.

RHUS.

The following questions and answers will be of interest to our readers generally, hence we reproduce the correspondence:

"DEAR PROF. LLOYD:—1. From what property does *Rhus toxicodendron* derive its common name?

"2. How many *official* names may a vegetable drug have, and what is the object of more than one?

"3. What is the simplest and best way to test the accuracy of a graduated measure?"

ANSWER.—The name "*Rhus*," some persons think, is derived from the Celtic word "*rhudd*" for red, in allusion to the red color of the fruit possessed by many of its species. Others ascribe it to the Greek word for *flow*, owing to the juice exuding from the fruit when macerated; or from the fact that some of the species check diarrhea.

Toxicodendron is derived from *toxicon*, a poison, and *dendron*, a tree; hence a poisonous tree-like growth.

2. The U. S. Pharmacopœia usually gives three, sometimes four, official names to the vegetable drugs, viz: 1, the Latin name; 2, the English scientific name; 3, the vernacular names, besides the botanical origin. The object in giving more than one name is undoubtedly to follow a system, to impart information, and to insure as much as possible against confusion.

3. Graduated measures are best tested by bringing them into equilibrium on a balance, and then pouring into them as many grains of pure water of a definite temperature (usually 60° F.) as the volume to be verified weighs.

J. U. L.

SMALL DOSES.

Let us also remember that small doses, frequently repeated, act better than one full dose given at one time. It has been noted that three grains of calomel in one-quarter grain doses, given one-half hour apart, act better than five or more grains given at one time. The same can be said of Epsom salts, as a teaspoonful of the salts dissolved in ten teaspoonfuls of water, and a teaspoonful of the solution taken every twenty minutes will act better than double the amount taken at the same time. Let us study small doses at short intervals and our home field medicines.—BEN. H. BRODNAX, M. D., Brodnax, La., in *Med. Summary*.

If a few contributors to the journals of our esteemed friends, the regular branch of the profession, will begin to think in rational lines, Dr. Brodnax will not stand alone many years. Pity that, instead of abusing Eclectic practitioners who stood on this ground twenty-five years ago, respectful attention was not given their claims for a humane practice of medicine in behalf of humanity. We congratulate Dr. Brodnax on his stand.

ECLECTICS AS LIFE INSURANCE EXAMINERS.

Since writing an article on this topic in the February JOURNAL for 1894 and again in January, 1898, I have had several inquiries in regard to the listing of companies under the different headings, and prepared an extended article on this subject for the meeting of the National last June, which will be published in the forthcoming Transactions.

I find occasional errors in my list of companies. Dr. F. Wallace Abbott, Assistant Editor of the *Massachusetts Medical Journal*, called my attention to the listing of the Berkshire Life Insurance Company of Pittsfield, Mass., under list "C." as companies acknowledging that they appoint Allopathic physicians only.

Mr. Hull, the Secretary of that Company, now writes Dr. Abbott that the previous position of their medical director in 1894, was incorrect, and that they in no wise discriminate in appointing their medical examiners, mentioning several Eclectics and Homeopaths whom they now have on their list. I am very glad to make this acknowledgement and will hereafter list the Berkshire under list "A."

The Vermont Life of Burlington, Vt., formerly listed "D." "companies failing to respond," should now also be listed under list "A." This now makes a total of thirty-four straight line insurance companies which appoint Eclectic physicians, and which, so far as I know, do not discriminate.

Ætna, Hartford, Conn.	National, Montpelier, Vt.
American Union, New York, N. Y.	New England, Boston, Mass.
Bankers, Lincoln, Neb.	New York Life, New York.
Berkshire, Pittsfield, Mass.	Northwestern, Milwaukee, Wis.
Citizens, Atlantic City, N. J.	Pacific Mutual, San Francisco.
Connecticut Mutual, Hartford.	Penn Mutual, Philadelphia, Pa.
Equitable, New York, N. Y.	Phoenix Mutual, Hartford, Conn.
Equitable, Des Moines, Ia.	Provident Life & Trust, Philad. Pa.
Germania, New York, N. Y.	Provident, Wheeling, West Va.
Iowa Life, Sioux City.	Provident Savings, New York, N. Y.
Kansas Mutual, Topeka, Kan.	Prudential, Newark, N. J.
Manhattan, New York, N. Y.	Register L. & A., Davenport, Ia.
Massachusetts Mutal, Springfield.	Royal Union, Des Moines, Ia.
Metropolitan, New York, N. Y.	Security Trust & Life, Philad. Pa.
Michigan Mutual, Detroit.	Union Mutual, Portland, Me.
Mutual Benefit, Newark, N. J.	Vermont, Burlington, Vt.
Mutual, Louisville, Ky.	Western & Southern, Cincinnati, O.

CORRECTION.—Sir Wm. Crookes, the eminent scientist whose perfect demonstration of the most marvelous spiritual phenomena has been so widely published, is now the President of the British Scientific Association. I referred to his name in my *Reminiscences*, but as it was printed "Prof. Cooper," this correction is necessary.

I beg leave also to correct the mistake of Dr. W. C. Cooper, whose friendly review of "Primitive Christianity" says that "Dr. Buchanan proclaims himself that one who would succeed" in fulfilling the mission of Christ. I have never entertained or expressed any such idea, and no such idea is intimated in my book. As it amounts almost to an impeachment of my sanity, I must demand its correction. There is nothing in all my writings which is not as rational as my lectures on Physiology.

J. R. BUCHANAN, M. D.

BOOK NOTICES.

DUDLEY'S GYNECOLOGY. A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, M. D. Octavo, 632 pp. with 422 engravings, of which 47 are in colors, and two colored plates. Lea Brothers & Co., Philadelphia. Cloth \$5 net.

This book is designed to be a practical treatise for both practitioners and students, and it is not often that one sees a book so designed that seems to fill the bill as does this one. The fact that the author is a practical gynecologist and an experienced teacher is evident upon every page. The text is clear, direct, concise, but no sacrifice of detail is made. The precepts, principles and practice of the art, and especially as far as it is based upon pathology, are carefully guarded and presented to the reader.

This book differs from books of the kind generally in being primarily pathological, and secondarily regional. The sequences of special pathology are discussed in order, so that a train of symptoms or diseases dependent upon such pathological conditions are treated *seriatim*. For instance, metritis will be better understood by closely associating it with vulvo-vaginitis, salpingitis, ovaritis, and peritonitis, than by regarding it as a distinct and independent lesion. In this way dysmenorrhea, amenorrhea, menorrhagia and sterility, only symptoms and not diseases, are considered from the view point of the multifarious affections lying back of them, and, as functional disorders, are in this work discussed in many phases where they occur as symptoms of disease, and not as *diseases* under special heads. The idea is most sensible and commendable.

The only lack that there seems to be in the work is in the line of systemic treatment. In this respect it is not an exception. Nearly all works upon surgical and gynecological lines, and even those upon the practice of medicine originating from teachers of the Allopathic school show this same dearth of remedies and an apparent lack of faith in

medicine. We as Eclectics *know* of a dozen remedies that are specifics in a number of these functional disorders, and therapeutically no book that ignores them is up to the times.

In the matter of illustrations and mechanical construction this book lacks nothing. It is the superior in general totality of anything in the line of a gynecological work that we have seen lately. and we recommend it to JOURNAL readers.

W. E. B.

A HISTORY OF YELLOW FEVER AND DENGUE. By W. L. Coleman, M. D. Clinic Publishing Co., Chicago. Cloth \$1.

Dr. Coleman takes the ground that yellow fever is caused by a specific germ produced by fermentation and decomposition of human excreta from the negro; that its first appearance was on slave vessels, and that wherever found could be traced to this origin; that these germs were distributed on the shore by said vessels, but has been destroyed by the water—nature's greatest germ killer, save in the sluggish waters of Cuba, especially the foul bay of Havana.

He claims that it has ceased to exist in every other country, and that by taking measures to thoroughly cleanse this bay, and then by keeping it clean, the dread disease will disappear forever from the world.

His theory is supported by very striking arguments, and if proven correct, offers a solution as to how to destroy this fell destroyer. His treatment is also to be commended. He discards calomel and quinia, and gives small doses of strychnia and digitalis, allowing the patient cracked ice, and enjoins absolute quiet.

R. L. T.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC. Without Operation. By Charles B. Kelsey, M. D. E. R. Pelton, Pub., N. Y.

As one picks up this little book he mentally congratulates himself on learning some way of treating these common affections without the use of the knife. That people are afraid of the knife, and only submit as a last resort, is known by every physician of experience. Any other treatment, therefore, that is successful, will be hailed with delight. Knowing Dr. Kelsey's ability, one is surprised and disappointed as he lays aside the book to find that while he advocates office treatment, he does not enlighten the physician as to what that treatment is, and the reader is no wiser at the conclusion of the book than when he began.

R. L. T.

PROCEEDINGS and papers of the Kansas Eclectic Medical Association, compiled by Dr. E. B. Packer, Osage City, Kansas. 8vo., 116 pages, paper.

The Transactions contain the President's address, and interesting papers by Drs. Blank, Wright, Packer, Entz, Brecount, Hoover, Vernella, Gish, Watts, Henning, Gress, Alexander, Martin, Averill, Demarr, Ross, Davis and others. Also the detailed minutes of the meeting, May 4-6, 1898, and the combined meeting of the regulars,

homœopaths and eclectics held on one of the days of the meeting. The Kansas society is to be congratulated on its activity, as it has published transactions annually for several years.

DISEASES OF WOMEN. A Manual of Gynæcology. By F. H. Davenport. M. D. Third edition revised and enlarged. Price, \$1.75. Lea Bros. & Co., Philadelphia.

The previous editions of this work treated only of the non-surgical portion of the subject, while the present includes to a certain extent the surgical side as well. It will answer fairly well as a work of reference for the general practitioner, but is not suited to the specialist, since it is too brief. It contains 388 pages, and is well illustrated.

R. C. W.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers DaCasta, M. D. Philadelphia. 8vo. 912 pp., with 386 illustrations. Price, cloth, \$4.00 Philadelphia: W. B. Saunders.

This book stands between the text-book and a compend, and the quick call for a second edition speaks quietly but emphatically for its success. In the new edition no attempt has been made to alter the character or to change the purpose of the manual, although it has been practically rewritten, many entirely new articles added, and a majority of the old articles enlarged, restricted, or otherwise altered. The work is an excellent working-manual and helpful to the student.

COLLEGE AND SOCIETY NOTICES.

The forty-third semi-annual meeting of the Connecticut Eclectic Medical Association will be held at Hotel Hartford, Hartford, Conn., on Tuesday, Oct. 11, 1898. Geo. A. Faber, M. D., Secretary.

At the June meeting of the New England Eclectic Med. Association, the following resolution was offered and spread upon the minutes:

“Resolved, That this Association tender to Sharp & Dohme, for the elegantly prepared samples of their skill and enterprize, its sincere thanks; and, if further acquaintance confirms our first impression, we shall be pleased to add our testimony to the high encomiums we have read of the firm and its specialties.”

The annual meeting of the Texas Eclectic Medical Association will be held at Dallas, Texas, Oct. 10 and 11, at the Oriental Hotel, not Occidental, as was printed in last month's JOURNAL. Business meetings will be held in the T. P. A. rooms in the hotel. Railroad rates will be low from all parts of the Southwest because of the State Fair. For particulars address L. S. Downs, M. D., Secretary, Galveston, Texas.

PERSONALS.

PROF. KENT O. FOLTZ is now admirably located at 105 Odd Fellows' Temple, Cincinnati. He has every convenience in the way of special apparatus of the most improved and latest designs. Physicians desiring consultation concerning patients needing the attention of a specialist on the eye, ear and throat, can do no better than to address Professor Foltz.

Among our many visitors to the old E. M. I. during the week of the Thirty-Second G. A. R. Encampment in this city, September 5-12, we can mention Drs. James E. Calloway, '66 of Havana, Mo.; B. B. Brechbill, '94, of Dwight, Kan.; W. M. Price, '95, of Dabney, Ky.; C. M. Thompson, '91, Kingsville, Ky.; J. M. Luper, '84, Pleasantville, Pa.; Jas. E. Smith, '78, Allandale, Ill.; Geo. W. Roffy, '77, Columbus, O.; M. H. Hennell, '91, Coshocton, O.; Roy O. Campbell, '94, College Corner, O.; P. A. Swearingen, '97, Carpenter, O.; Carey A. Stout, '97, New Vienna, O.; H. E. Sloan, '98, Marietta, O.; J. P. Harbert, '98, Bellefontaine, O., A. D. Haines, '84, N. Y.

Dr. J. M. Ross, of Dubois, Pa., who attended the E. M. I. in 1856, the same year that Professors E. Freeman and J. M. Scudder graduated, dropped in to visit his alma mater during G. A. R. week.

Location at Springfield, Neb., a very good location for an active Eclectic. Lately vacated. For particulars address Dr. M. A. Liming, Springfield, Neb.

Dr. John C. Simon, E. M. I. '89, of No. 1432 Lorain Street, Cleveland, Ohio, has just received the *ad interim* appointment as coroner of Cleveland and Cuyahoga County. This vacancy was caused by the death of the previous coroner under an operation for appendicitis. Dr. Simon will also stand as the nominee as coroner of the McKisson Republicans. We presume he will be elected to the position permanently. The *Cleveland Journal of Medicine* in its late issue, laments over the appointment of Dr. Simon and says, that while he may be a well qualified physician, it is nevertheless a slight on the 800 Regulars to appoint an Eclectic to such a position when there are only twelve Eclectics presumably in the city. We trust that Dr. Simon will continue to hold his position and do credit to his alma mater and his school.

FOR SALE.—Location. Unopposed. \$2,500 location; railroad town, Central Illinois, for \$1,500. Terms to suit purchaser. Must have a live Eclectic. Address Dr. R. H. Bailey, Trilla, Ill.

FOR SALE.—Fine practice for sale. Realty only the price; terms easy. Enclose stamp for reply as to particulars. Box 84, Golden, Colorado.

MARRIED.—Dr. Wm. L. Tuttle, E. M. I. '66 and Miss Olive E. Fowler, September 15, 1898. At home after October 1st, at No. 54 W 126th Street, New York city. Dr. Tuttle was formerly professor of the Theory and Practice of Medicine in the United States Medical College, and was one of the first Board of Eclectic Examiners of New York State. The JOURNAL extends to him congratulations.

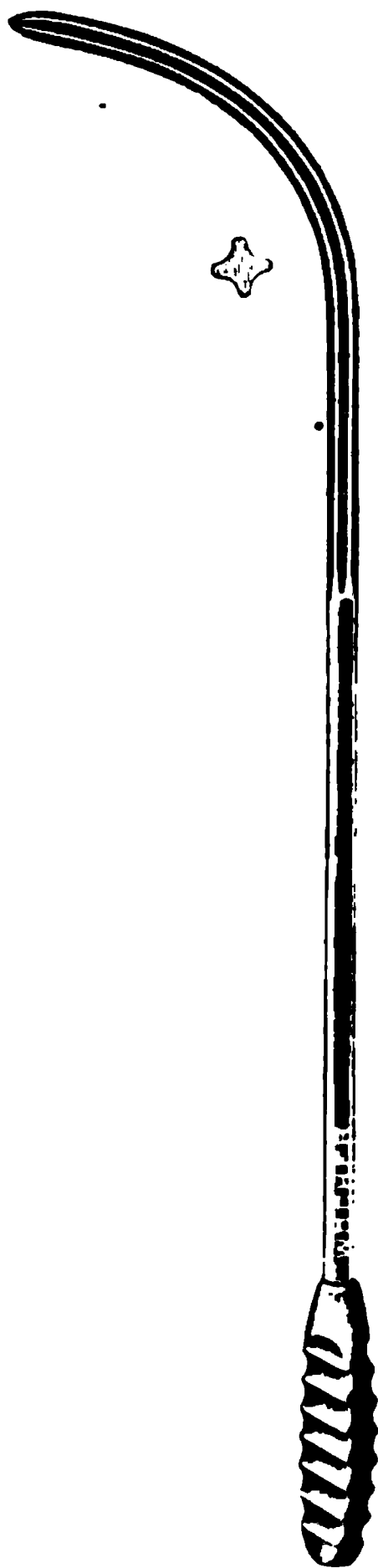
Married at Owensville, Ind., August 28th, 1898, Dr. R. W. Emerson, E. M. I. '98, and Miss L. Ella Johnson.

THE UTERINE TENACULA FORCEPS.

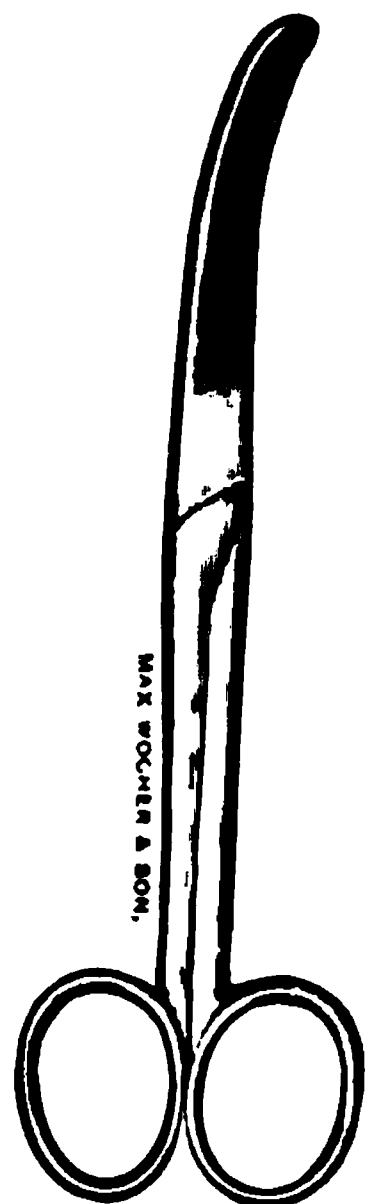
The three-tooth tenacula uterine forceps are so formed that the single tenacula hook can be readily passed up into the uterine canal, while the double tenacula hooks pass around the uterine cervix at a sufficient distance to grasp healthy cervical tissue, and as the instrument is closed, it locks, and there is no possibility for it to release or tear out the cervical tissue, making a severe cervical laceration—a fault which obtains by the use of many other instruments.



CATHETERS.



STRICTURE DILATOR.



UTERINE SHEARS.

THE DOUBLE TENACULA SCREW TRACTOR.

The double tenacula screw tractor is made of sufficient size to be of use in the doing of a vaginal hysterectomy, as a tenacula, and is used mostly in those cases where the uterine cervix has been destroyed by

carcinoma. It is also used to engage the fundus of the uterus after it has been inverted, and presents in Douglas cul-de-sac or through the anterior or vesico uterine incision.

It is also one of the best tenacula in use in breast amputations; also in doing an abdominal hysterectomy, as it takes up very little space, and the tenacula screw, as it is forced into the tumor mass, plugs the wound, thus preventing hemorrhage. Other tenacula forceps or tongs, on closing, lacerate the tumor surface behind each tenacula hook, allowing of extensive hemorrhage.

CATHETERS.

The three different sized catheters, one of which is represented by the accompanying cut, are corrected along the anatomical, mechanical, and scientific lines, and are, in my opinion, the best instruments ever offered to the profession.

The triple triangular tip of the catheter at all times dilates urethral tissue, without the dangers of laceration and deviation from the proper line, and the force to be exerted in their intrusion into the vesicle, is at all times in the line of resistance—a condition we can not obtain with the use of the old catheter with the long curve. An opening is made in the tip or point of these special catheters for the purpose of threading a filiform bougie, which acts as a guide for the catheter in its passage into the bladder. The handle end has a tip in order to place thereon a rubber tube to carry fluid away.

THE STRICTURE DILATOR.

The stricture dilator is milled from the acorn tip along the staff, so that there will be at all times a gradual dilatation or splitting of stricture tissue on all sides with equal resistance. This instrument has been corrected in regard to its curve, allowing pressure in the direct line of resistance.

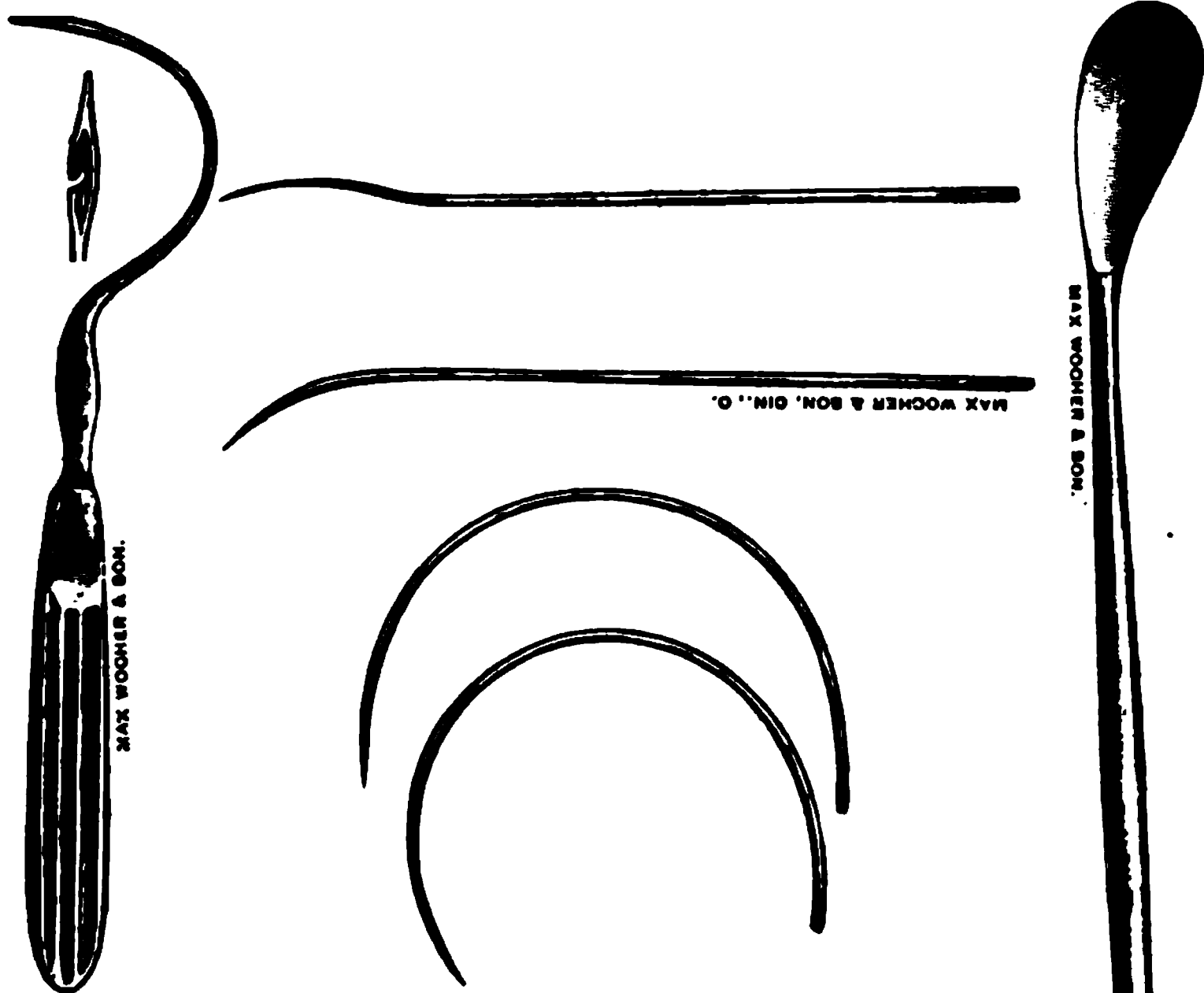
UTERINE SHEARS.

The uterine shears are made long and strong, with a gradual slight curve at the distal end of the blades, and with blunt points, which are ground on either side, making a cleaving instrument when the blades are closed—an enucleator, if you may so call it.

This instrument is used in doing a vaginal hysterectomy, and aside from the tenacula, hæmostats, and a ligature, constitute the armament necessarily employed in doing a vaginal hysterectomy.

THE PEDICLE NEEDLE.

The pedicle needle has a blunt point and a crochet eye, for the purpose of introducing the Staffordshire ligature, or a double ligature, in ligating the pedicle. By its formation it can be used on either side, and on its intrusion through the neck of the pedicle, the ligature is looped, and attaches to the crochet eye, which, on being withdrawn, places the ligature in proper position.



PEDICLE NEEDLE.

SUTURE NEEDLES.

 ENUCLEA-
TING
SPOON.

The suture needles are made long, with large eyes, and curved at the point, allowing plenty of room to grasp the needle and hold it steadily, without the use of needle forceps. They are gold-plated, and with very little care, the surgeon will not have stitch abscesses to report.

THE ENUCLEATING SPOON.

The enucleating spoon is made of steel, tempered, and on either end a spoon-shaped enucleator with edges somewhat sharpened. The instrument can be used to dissect the periosteum, or in excavating a sinus, or in the enucleating of tumors. It is of much value in removing the debris following a suprapubic lithotomy, etc.

FORMALDEHYD AND ALLIED CHEMICAL SUBSTANCES.

By Prof. J. A. Jeancon, M. D., Newport, Ky.

DEBREINER discovered the great class of aldehyds in 1826, and called its chief representative "light oxygenated ether." Liebig, who analyzed and investigated its properties in 1835, gave it its generic name, "aldehyd" (alcoholdehydrogen atom) for short, on account of its chief characteristic mode of action, that is, its power of removing or separating hydrogen from all forms of alcoholic sub-

stances. It is always formed when alcohol is in the presence of atmospheric air, and is hence always found in alcoholic products, as well as when alcoholic fermentation is going on in any liquid or semiliquid substance. From the fact of its easy production, it plays a great role in the organic world. Transformations in animal and vegetable bodies are always actuated by and depend on this mutability, and it thus constitutes an enormously powerful toxic as well as remedial agent. Since the number of the aldehyds is very great, I can only name a few which come into nearly daily use by the physician, in order to show some of their modes of action in the animal economy.

“Therapeutic substances have received the name of medicines by implication ; that is to say, they are used in the healing art, but with much more modesty it should be said that medication is the art of treating diseases, for it is indeed the aim of all our efforts to study and understand and practically apply these as far as our knowledge of them goes to the healing of diseases.” These are the wise words spoken by a very modest, though very great physiologist, as well as pathologist, *Hayem*, of the Faculty of Medicine of Paris, France.

This can also, it seems to me, serve as a criterion in regard to the interpretation, by the physician, of the many phenomena, morbid or normal, he meets with in the treatment of disease. In the normal as well as abnormal work going on in the animal body, there are very definite modes of procedure by the tissues, the result of which synthesis, as well as *disthesis* (decomposition), of the substances of the body. In all of these the water molecules (H_2O) play the most important role. Hydration and dehydration constantly take place, and consequently the ultimate result is the establishment of the biological balance in the body. An example of this molecular work, for instance, can be found in pernicious hemorrhages, when there is just enough vitality left in the nerve centers to recommence production of organic protoplasm ; then a reconstitution of plastic matter begins, and death is for a time prevented.

From a physiological standpoint, blood may be considered the intermediary between the living tissue cells and their surrounding mediums, containing at the same time all nutrient materials, as well as the substances produced in the process of tissue nutrition and metamorphosis. In this exchange the anatomical elements of the blood are the active agencies. Thus in secretion, absorption, and general trophic work of the living tissue, the molecule (H_2O) plays the chief part.

Formaldehyd, not on account of its great importance as a remedial agent, but more on account of its recent introduction into medicine, has gained great notoriety. Like many other *fads* which commerce creates by means of stunning reports into medicine, formaldehyd gained an exalted notoriety. It has certainly very good qualities as a dryer, or abstractor of water from living as well as dead tissue, but in reality its use for that purpose alone is necessarily confined within

a very narrow compass. Still, as a hygienic agent, it deserves very much attention, and can be well recommended. Other aldehyds far surpass, in efficacy and usefulness, this substance.

Formaldehyd (more correctly methylaldehyd) is as yet not found in a perfectly pure state, and in the trade generally it is a watery or an alcoholic solution. Physiologically it is highly interesting on account of its high grade of activity in the process of tissue formation in vegetable bodies, for it represents the simplest form of reduced carbonic acid, thus becoming polymeric in tendency to condensation, constituting the most important substance in the vegetable cell formation.

Evaporated in a vacuum, formaldehyd emits a highly pungent and acrid odor, and reduces ammoniacal solution of silver nitrate, forming a fine mirror, and is useful in many chemical tests. It vapors from crystals of hexamethylamin with ammonia, the same as decomposing animal tissue. With hydrocarbons and dehydrating substances it forms many products of condensation. This last property makes it highly useful as an antiseptic, and partly as a cautery. In somewhat concentrated solutions its action upon animal tissue is most powerful, drying and even reducing them to the condition of a mummy. Being highly diffusible, it often produces a very severe shock upon the nervous system. In its application upon the living tissue, when injudiciously applied to readily absorbing surfaces, such as the lymph glands, the peritoneum, or large nerve trunks, or extensive filamentous plexuses. In moderate solution it is a very favorable analgesic by reducing pain very quickly. Its ready combination with ammonia suggests its use upon very offensive ulcerating and fetid exudates, forming a ready coagulum, which then acts as a powerful astringent upon very loose and spongy tissue. Free inhalation of its vapors are dangerous, as it produces some severe symptoms of suffocation.

The number of aldehyds employed as medicines is very great, though they do not go under that chemical name. First of all is the great class of substances called essential oils and their derivatives. They have been used from the days of antiquity, and part of them are still in use, and certainly most valuable remedies. Salicin and other derivatives of the chemically called "oxybenzyl alcohols," form substances which have been for a long time the "stand-by" of the profession, especially of the older eclectics. Salicin can, with a very good right, take the place of the cinchona alkaloids. It acts as an eminent antiperiodic and as a nervine (or whatever name we choose to give to substances which prevent recurrence of periodic fevers). It is every way preferable to cinchona derivatives, for they do not produce any depressing symptoms, like these, nor too sudden drop of bodily temperature. It eliminates from the body fully as readily as the cinchona salts, the excess of urates which are associated with the living tissue, but very little serum, so valuable to the maintenance of vital force. When salicin is taken internally it is found in the urine, partly undecomposed and partly as saligenin, salicyl aldehyd and salicylic acid.

It removes from the body sulphates associated with salicyno, thus acting powerfully in cases where metabolic work of the tissues is insufficiently carried on. A very interesting fact, by the way, is that the chemist Michael succeeded in producing salicin from helicin by synthesis. When salicin is heated with bichromate of potash and sulphuric acid, salicyl aldehyd is produced by reduction.

Oil of wintergreen is methylo-salicylous ether. By decomposition and reduction, very many highly useful substances can be and are obtained. I will only describe a few of the most useful as medicines. Salicyl aldehyds form a group of three oxyaldehyds; many of these can be formed artificially by synthesis, and would prove very valuable remedies. The substances the older Eclectics employed under the names of alkaloids and resinoids were of that class, and it is more the fault of many of the younger in our ranks to have abandoned their use than anything else, that we now hear little of those thoroughly tested remedies, which are reliable and not suggestions of manufacturing chemists, or of hypothetical nature—such, for instance, as populin, cornuin, berberin, etc.

Next to salicin, it is of interest that the so called aromated aldehyds are readily obtained by reduction from the kindred alcohols, and form a group of very valuable remedies. Thus anise alcohol yields anisol and anisic acid. Nature has provided many plants with this active remedy, many of which are now in use. The oil of anise and its derivatives form very powerful antispasmodics and antizymotics. Thymetin and carvacrol aldehyds present a group of valuable remedies. The first in its antizymotic property of thymol, etc., and the latter as a carminative, and is more useful in gastric disturbances than the over-praised pepsins.

The group of plants containing the aldehyd of proto-catechu is enormously great, and is represented by vast numbers of plant families, genera and species. I will name only a few well known representatives of the same. Vanilin, a constituent of the vanilla bean, exists in very many tropical plants, and in the form of coniferin in the cambium layer of pines, furs, etc.; also in herbaceous plants in the form of ferula aldehyd. Vanilin is a most powerful arterial tonic and stimulant; in sluggish circulation of the cerebro spinal centers, it is unsurpassed as a remedy, even by the products of nux vomica. Physicians in South America make much use of it in debilitated conditions of the patient, so common in miasmatic regions of the tropics. As a tissue builder it is as efficient as arsenic, and is safer, for it has no accumulative properties like the salts of the latter.

Another product of this aldehyd is piperonal, obtained from black pepper. It is a powerful local anæsthetic, and much superior in its action to cocaine. I have used it frequently with most favorable results.

Only very seldom do we obtain a look into the innermost molecular work carried on in the animal tissue; nature seems to conceal it in the woof and web of the cells and interstitial tissue. In the case of

the organic aldehyds we obtain some glimpses of the simple performance of the molecules, so hard to follow even in groups with their constant change of position and combination. Here we see how the atoms of the (H_2O) place and replace one another, and form living tissue by their association with nitrogen, phosphorus, etc., and constitute living structural meshes.

CITRULLUS COLOCYNTHIS.*

By John Uri Lloyd.

[Reprinted from the Western Druggist]

BOTANICAL DESCRIPTION, HABITAT AND CULTIVATION.

PERSONS familiar with the common watermelon vine need no description of the plant which produces colocynth apples. Indeed, if you will imagine a watermelon vine bearing a small, hard fruit with a bitter pulp, you will have a very close idea of the colocynth plant. Naudin, a French botanist, succeeded in crossing the colocynth vine and the watermelon, producing fertile seed, thus demonstrating that they are essentially the same species. Remarkable is the botanical relationship that exists between not only this plant and the watermelon, but other garden melons belonging to the allied genus *cucumis*, as the pumpkin, the muskmelon, and the cucumber. In the latter plant we also find a similar cathartic principle. The difference between these two genera, *citrullus* and *cucumis*, is very slight. The former has solitary sterile flowers and branched tendrils, the latter clustered sterile flowers and simple tendrils.

The colocynth plant is a native of arid soils. It has a large, fleshy, perennial root, which sends out slender, tough, angular, scabrid, vine-like stems. These usually lie on the ground for want of something to climb over, but which, if opportunity present, climb over shrubs and herbs by means of axillary branching tendrils.

The leaves are angular, lobed, and, as already stated, almost the exact duplicate of watermelon leaves. The flowers are yellow, long-peduncled, solitary in the axils of the leaves. They are monocious, the stamens and pistils being borne in different flowers on the same plant. Each has a yellow campanulate, five lobed corolla, and a five-parted calyx. The female flowers are readily distinguished by a globose, hairy, inferior ovary.

The fruit is globular, smooth, with a hard but thin rind, something like a gourd. It is filled with a soft, white pulp, in which are imbedded numerous seed. This pulp is the article used in medicine.

The colocynth plant occupies the vast area extending from the west coast of northern Africa (Senegambia, Morocco and Cape Verde islands), eastward through the Sahara, Egypt, Arabia, Persia, Beluchistan, and through India, as far as the Coromandel coast and Cey-

* The thanks of the writer are extended to Mr. C. G. Lloyd for botanical notes, and to Dr. Sigmond Wa'dbott, librarian of the Lloyd Library, for valuable assistance.

lon, touching northward the Mediterranean and Caspian seas. At the Red sea, near Kosseir, it occurs in immense quantities.¹⁴ It is also found here and there in southern European countries, e. g., Spain and the islands of the Grecian archipelago. Isolated specimens occur in the cape of Good Hope, Japan, Sicily,⁹ and it is suggested⁷ that birds of passage have much to do with the distribution of the seed. Even from our hemisphere we have recent reports of its successful cultivation on a small scale. In the Island of Cyprus the raising of colocynth has been a source of revenue since the fourteenth century, and still forms an article of export at the present time.

Colocynth, as already stated, is distinctly a desert plant, giving evidence of the dominion of life even in such arid regions (Grisebach⁷). Hooker and Ball⁸ met with it in the oasis of Sheshuaua in Morocco, and state that this characteristic plant of the desert region in north Africa rarely approaches the littoral zone. The fruit is used in Morocco for the purpose of protecting woolen clothing from moths; but, according to the testimony of these observers, the purgative qualities of colocynth do not seem to be known to the native doctors.

Volken¹² enumerates *citrullus colocynthis*, (L.) Schrader, among the plants growing in the Egypto-Arabian deserts, pointing to its exceedingly rapid development, especially the fruit, which attains a diameter of 10 centimeters. After the vine has withered away, the fruits may be seen lying in the sand of the desert, ten to fifteen in number, about each plant. Volken saw the plant in bloom in May, as well as in December, and reports that when the plant is torn from the ground it withers in a short time, owing, he thinks, to the delicacy of the microscopical structure of the leaves.

A brief account of the growth of colocynth in Palestine has more recently appeared in the United States consular reports (1895), from which we abstract the following points of interest:¹⁹ The fruit grows abundantly between the mountains of Palestine and the eastern shore of the Mediterranean, from the city of Gaza northward to Mount Carmel. The plant thrives without any attention whatever on the part of the husbandman, since the climate and soil are all sufficient for its perfect growth—the natural requirements being merely a sandy soil, warm climate and little moisture. The fruit known in commerce as Turkish colocynth is collected by the native peasants (fellaheens) in July and August, before it is quite ripe, and is sold to Jaffa dealers, who peel it and dry the pulp in the sun. It is then molded into irregular small balls, packed in boxes and exported, mostly via England. The average annual shipment is stated in the consular reports to be 10,000 pounds, but it must have fallen off considerably during recent years. (See statistics below.) The reason for this, as we learn from another source,¹⁶ lies undoubtedly in the export tax. The report suggests that probably colocynth may be profitably cultivated in certain parts of the United States.

In this connection we may point to Prof. L. E. Sayre's paper¹⁸ on American colocynth (1894), and the cultivation of colocynth in Montreal, as reported in 1895 by Prof. T. D. Reed.²¹

The drug is imported from Spain, Triest, Smyrna and elsewhere.⁵

Some distinguish between the Egyptian (the largest fruit, being 10 centimeters in diameter), the Cyprus and Syrian colocynth¹⁰ (the latter varieties having a diameter of 5 to 6 centimeters,) ¹⁰ others between the Turkish (peeled) and the Mogador (unpeeled) varieties.⁹ In 1885 Mr. Umney called attention to a commercial specimen named "Persian colocynth," that much resembled the Turkish variety. It had evidently been compressed in the fresh state, probably in order to lessen the freight rate when reckoned by volume instead of by weight.¹

STATISTICS.

In 1839 the imports of colocynth into England amounted to 10,417 pounds.⁵ The export from Jaffa, in Syria, and its monetary value in recent years, were as follows:¹⁶

1892.....	88,700 pounds.	£2,580-	\$12,900.
1893.....	42,000 pounds.	950	= 4,750.
1894.....	10,000 pounds. ¹⁹		
1895.....	6,000 pounds.		

The export from Cyprus¹⁵ in the middle ages, under Venetian rule, was 2,500 okes a year- 6,750 pounds. In 1889 it was 4,616 okes a year 12,650 pounds. £461- \$2,305. In 1890 it was 7,108 okes a year = 19,480 pounds. £739- \$3,695.

HISTORY, CONSTITUENTS, AND USES.

Colocynth is an exceedingly ancient medicine. It is believed to be the wild gourd (pakkuoth) of the Old Testament, regarding which Hieronymus Bock (1556) facetiously remarks² that colocynth serves only the physician but not the cook, unless he has learned the art from the prophet Heliseo, who prepared for the children a sweet dish from the fruit. The Biblical paragraph to which Hieronymus Bock refers is to be found in the Second Book of Kings, iv : 38.

38. And Elisha came to Gilgal, and there was a dearth in the land ; and the sons of the prophets were sitting before him : and he said unto his servant, set on the great pot and seethe pottage for the sons of the prophets.

39. And one went out in the fields to gather herbs, and found a wild vine, and gathered thereof wild gourds his lap full, and came and shred them into the pot of pottage ; for they knew them not.

40. So they poured out for the men to eat ; and it came to pass, as they were eating of the pottage that they cried, "O thou man of God, there is death in the pot," and they could not eat thereof.

Its exceedingly bitter taste and its violent purgative properties were well known to the ancient Greek and Roman physicians.

Dioscorides,¹ who uses the name "kolokynthis,"† gives the synonyms cucumis amara, cucurbita silvatica, cucurbita alexandrina, and cucurbita caprina; also the foreign terms, thymbra, autogenes, and tutastra. The Arabs called it alhandal, and by Mesue it was called fel terræ, or earth-gall, in reference to its exceeding bitterness—a very appropriate, almost poetic term.

The dangerous character of the drug was pointed out by the mediæval physicians, who observed that bloody ulcerations are liable to occur in the intestines where some of the pulp would imbed itself in its lining membrane. H. Bock (Tragus) speaks of two varieties of colocynth,² one of the foreign origin and powerfully active, the other cultivated in Germany, much milder in action. From the foreign colocynth, he states, the ancient electuary, called hieras picras, was originally made, and advises people to beware of traveling quacks who administer the foreign colocynth, boiled in wine, as a purgative, adding that with such art nearly all the Jews are acquainted.

Colocynth entered into the composition of numerous preparations of more or less ancient date, such as confectio hamech, trochisci alhandal, Stahl's pills, Morison's pills, Barclay's anti bilious pills, etc., and is still a valued medicine.

The colocynth, or bitter apple, of commerce (also called *pomo-quinta* by O. Berg), when deprived of its rind, as is mostly the case, presents a white, light and spongy pulp that readily breaks into three wedge-shaped pieces, each holding imbedded near its outer rounded surface a number of flat, ovate seeds. The proportion between pulp and seeds varies according to different authors, from 23 to 33 per cent. of pulp and 67 to 77 per cent. of seed. The intensely bitter taste of colocynth resides in the pulp only, while the seeds at best contain only traces of it; hence the advisability of removing the inert seeds before making pharmaceutical preparations of colocynth. The bitter taste and the powerful medicinal virtues of the pulp are due to the presence of a probably amorphous glucosid *colocynthin*, first identified and named by Meissner and by Vauquelin (1818), and later investigated and obtained more pure by Walz, Henke and others.¹⁴ It is soluble in water and alcohol, but insoluble in benzol, benzin, carbon disulfid and ether. Dilute acids resolve it into dextrose and tasteless *colocynthein*, acetic acid being likewise formed (Speidel, Dissertation¹⁵) Walz obtained from an alcoholic extract of colocynth an ether-soluble crystalline and tasteless substance insoluble in water, which he called *colocynthitin*. The ash of the pulp varies from 8.6 to 14 per cent. (Squire¹⁷) while that of the seeds amounts to about 2.5 per cent.¹⁴

At one time it was believed that the seeds exert a slight physiological action, being a mild and safe purgative.⁴ Bergius,⁸ however, as

†Many derive this word from Kolon Greek for bowels, and Kinee, move, he is, a cathartic; while Hehn (6) perceives rather a connection with Kolossus, owing to the size of some of its relations. The name kolokynthis, used by Dioscorides in another chapter, refers to an edible species of cucumis.

early as 1778, explicitly states that the pulp is the sole carrier of the bitterness, and that the traces found in the seed may be removed by washing in tepid water. When the absence of bitterness is indicated by the taste, the seeds no longer purge. He adds that the seeds should be removed in order to avoid contamination of the extract of colocynth with the fatty oil of the seed.

Proof of the innocuousness of the seeds is established by the fact that they afford an important food material to African tribes of the desert.

In this connection we quote from Flueckiger's report⁶ of an interesting account given of the mode of preparation of colocynth seeds as observed by the celebrated German Sahara traveler, Doctor Nachtigal, who visited the poor tribe of the Tibboo Resade in 1870. This is one of the tribes inhabiting the mountainous country of Tibesti in the central part of Sahara. They settle the upper valleys of the rivers where the land is somewhat fertile. Their sole food resources are the milk of goats and a few miserable products from vegetable life, chief among which, strangely enough, are the seeds of colocynth, called "aber," which they collect on special nomadic expeditions. The scantiness of their resources compels these people to be very economical in searching out and preparing this strange food. After the bulk of the pulp is removed the seeds are enclosed in strong sacks and tramped upon in order to facilitate the removal of the last traces of the bitter pulp. The seeds remain whole and are cleaned by winnowing. They are then mixed with ashes from camel's dung, placed upon a smooth stone and rubbed with a rounded stone, which has the effect of crushing the testa. The kernels are then sifted and are thus obtained rather pure. Other Tibboo tribes (Duveyrier) attain the same end by roasting the seeds. Dr. Nachtigal further relates that the seeds are then boiled in water for a short time, the fresh leaves of the ethel bush (?) being added. The last trace of bitterness is afterwards removed by cold water. The seeds are then dried in the sun, powdered, and mixed with dried and powdered dates, and the food thus laboriously obtained, is said to be exceedingly palatable and nutritive.

Flueckiger, commenting upon the latter feature of the process, points out that the kernels form about one third of the whole seed, which he found to contain 16.94 per cent. of fatty oil, 5.93 per cent. of albumen, 2.48—2.7 per cent. ash, and 7.17 per cent. of water; hence the painstaking process adopted by these African tribes results in a product containing 48 per cent. of fatty oil and 18 per cent. of albuminous matter, properly diluted by the addition of the sweet powder of dates. Too high a tribute cannot be bestowed upon these half-civilized people whose necessities and instincts led to the preparation of such an exceedingly rational nourishing food by extricating it from its poisonous enclosure.

CITRULLUS COLOCYNTHIS.

A. Flowering Branch, natural size.

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| 1. Male corolla, opened. | 5. Ripe fruit, natural size. |
| 2. Female blossom, longitudinal section. | 6. The same, transverse section. |
| 3. Stamens. | 7. Seed. |
| 4. Ovary, transverse section. | 8, 9, 10. The same, different sections |

PHARMACOPEIAL RECORD.

The Pharmacopœia Augustana of 1581 gives directions for preparation of *trochisci alhandal* and *electuarium majus hamech*, both of which, devised by Mesue, the Arab medical writer, contain colocynth as their basis. The term *trochisci alhandal* was applied as a synonym for *colocynthis præparata* as late as 1861 by the pharmacopeia of Hanover.

An official price list appended to the pharmacopœia Augustana of 1684 quotes one-half ounce of colocynth pulp with seeds at 5 kreuzer, pulp alone at 12 kreuzer, and the seeds are quoted at 1 kreuzer, which tends to show that some medicinal importance was at that time attached to the seeds.

In this connection it is worthy of notice that the German pharmacopeia of 1890 explicitly directs the use of colocynth pulp containing the seeds, but in 1872 the pulp only was to be used, and again, in 1882, no special directions were given.

Hirsch and Schneider, commenting at length on the advisability of including the seeds in the making of pharmaceutical preparations,²⁰ state that this practice is at variance with the directions of all other pharmacopeias, excepting the French codex and the latest Pharmacopœia Fennica.

Colocynth occupied a place in the Pharmacopœia of the Massachusetts Medical Society, Boston, 1808, and has been official in every issue of the Pharmacopœia of the United States.

LITERATURE ON CITRULLUS COLOCYNTHIS.

1. Dioscorides, lib. IV, cap. 175; ed. by C. G. Kuehn, Leipzig, 1829. Vol. 1, p. 669.
2. Hieronymus Bock (Tragus), Kreuter Buch, Strassburg, 1556, p. 313.
3. P. J. Bergius, Materia Medica, Stockholmiae, 1778. Vol. II, p. 782.
4. Murray, Apparatus Medicaminum, Venetiis, 1793. Vol. I, p. 217.
5. Pereira's Elements of Materia Medica, etc.; ed. by Jos. Carson, Philadelphia, 1846. Vol. II, p. 510.
6. Flueckiger, Die Koloquinthe als Naehrpflanze, Archiv. der Pharm. 1872 Vol. 201, pp. 235-247.
7. A. Grisebach, Die Vegetation der Erde, Leipzig, 1872. Vol. 2, p. 97.
8. J. D. Hooker and John Ball, Journal of a Tour in Morocco and the Great Atlas, London, 1878, p. 113.
9. Bentley and Trimen, Medicinal Plants, No. 114, London, 1880.
10. Karsten, Deutsche Flora, Berlin, 1880-83, p. 889.
11. C. Umney, Pharm. Jour Trans. 1885. Vol. XVI, p. 107.
12. Georg Volkens, Die Flora der Aegyptisch-Arabischen Wueste, Berlin, 1887, p. 122.
13. Rud. Spedel, Beitrag zur Kenntniss des Bitterstoffs von Citrullus Colocynthis. Dissertation (Erlangen). No date.
14. Flueckiger, Pharmacognosie des Pflanzenreichs, 3d ed. 1891, p. 886.
15. The Chemist and Druggist, 1892, Vol. 41, p. 612.
16. The Chemist and Druggist, 1894. Vol. 44, p. 699.
17. Squire's Companion to the British Pharmacopeia, London, 1894, p. 204.
18. L. E. Sayre, American Colocynth, Amer. Jour. Pharmacy, 1894, p. 273.
19. Edwin S. Wallace, U. S. Consular Reports, 1895. Vol. 47, p. 545.
20. B. Hirsch and A. Schneider, Commentar zum Arzneibuch fuer das Deutsche Reich. 3d ed., Goettingen, 1895, pp. 269 and 324.
21. T. D. Reed, Montreal Pharm. Journal, 1896, p. 334.

ALCOHOLISM.

By W. A. Gabbert, M. D., Middletown, Ind.

[Concluded from page 578.]

TO what extent the influence exerted by alcohol and its concomitant disease, alcoholism, has upon the individual conduct throughout life, or how much it may shorten his existence, through the laws of heredity, we are unable to determine, as other unfavorable elements of disease, as we have observed, often enter into the life of such an individual; but that it is a principal cause of many nervous diseases, including insanity, idiocy, epilepsy, neuralgia, etc., no one will undertake to deny.

"A peculiar inherited constitution of the nervous system," says Dr. Wilson, "is as influential in leading to alcoholic excesses, and in aggravating its disastrous effects, as any other cause whatever. A considerable proportion of individuals who suffer from alcoholism were found on inquiry to come of parents who have been addicted to strong drink. A still greater number belong to families in which nervous disorders, and in particular neuralgia, epilepsy and insanity have prevailed. Others, again, are the offspring of criminals. It can no longer be doubted that particular cases of nervous degeneration in one or both parents may lead to the hereditary transmission of a feebler nervous organization, which on the one hand renders its possessor peculiarly liable to neuroses of various kinds, and on the other, an easy prey to the temptation to seek refuge in occasional or habitual narcotic indulgences." Thus, as Dr. Anstie points out, the nervous enfeeblement is produced in his various descendants, with the effects of producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on. When it is possible to obtain fairly competent histories, covering two or three generations, facts of this kind are elicited with surprising frequency.

Hereditary transmission of alcoholism has been recognized from remote antiquity. Without doubt it has played an important part in other diseases of the old race, and left its landmarks among the hidden causes of the diseases of this age. It is through hereditary transmission of various diseases that alcoholism, through two or three generations, leads to the complete extermination of entire families. This law of extermination is a natural process of eliminating the worthless and hopeless beyond the reach of the profession or the moralist. But for this provision, the country would be overrun with crime, lunacy, and insanity.

From the foregoing remarks we may divide hereditary alcoholism into, first, those where the disease is transmitted to the offspring directly from the parents; second, through satanism; and third, where the defect manifests itself in diseases of various kinds. "The appetite for drink," is frequently transmitted from parent to child, e mind or body. Individuals otherwise intel-

lectually well developed, are often scarcely more than moral imbeciles, in whom the passion for drink may be replaced by the opium habit, addicted to gaming and other vices, and whose career is shaped largely by an inordinate and insatiate craving for excitement of all kinds."

Alcoholism follows the laws of heredity in general. The tendency may be transmitted from one or more generations, taking in the intermediate periods some different forms. It goes even further than this, in that the symptoms of chronic alcoholism are manifested in the offspring in the absence of the direct action of alcohol. That is to say, not the taste for alcohol, but the results of the gratification of that taste are transmitted, just as epilepsy or hysteria is transmitted to offspring.

It is not necessary that alcoholism manifest itself in the children of inebriate parents to guarantee its appearance in the grandchildren. The enfeebled tendencies, the mental disturbances, and other nervous disorders, may not make their appearance until the second generation, when they develop in some aggravated form of epilepsy, insanity, or idiocy, to be transmitted from generation to generation. It is to be observed that these diseases, especially insanity, do not always appear in early life, but often remains latent until later in life, to appear under some slight exciting cause, as worry, mental work, or excess of some kind. It is by the law of satevism that alcohol plays such a conspicuous role in the continuance of its effects upon the health of the race. There is no means of telling where it will end; neither have we any therapeutical measures at our command to overcome the abnormal conditions. The somatic changes have been so complete that there appears but one remedy—elimination by the natural process of self-destruction.

"The descendants of subjects of chronic alcoholism," says Dr. Wilson, "without a special appetite for strong drink, and in the absence of special morbid manifestations above described, are singularly liable to mental and nervous diseases of various kinds."

In this group of cases we find every degree of intellectual development from mere feeble-mindedness to complete idiocy. As manifestations of the influence of alcoholism upon offspring, may be cited certain moral peculiarities, otherwise inexplicable, such as are seen in children who, at a very tender age, show themselves vindictive, passionate and cruel, to whom the suffering of others affords pleasure, who torment their pets, and show precocious vicious tendencies of all kinds. Later in life a larger per cent. of this class become lazy, intolerant of disposition, vagabonds and unstable of character, and without the elements of moral sense.

"Alcoholism," says Dr. Grenier, "has come to be a social question. It is one of the most active agents in the degeneracy of the race. The individual effects produced by heredity are not to be remedied. Alcoholic descendants are often inferior beings, a notable proportion com-

ing under the category of idiots and imbeciles. Those with hereditary alcoholism show a tendency to excess; half of them become alcoholics. A large number of cases of neurosis have their principal cause in alcoholic antecedents. The larger part of the sons of alcoholics have convulsions in early infancy. Epilepsy is almost characteristic of the alcoholism of parents when it is not a reproduction in them, or when it is not an index of a nervous disposition of the whole family. The Alcoholic delirium is more frequent in the descendants of alcoholics than in their parents, which indicates their intellectual degeneration."

With degeneration of the nervous system, and deterioration of moral obligations, who can set limits to the abnormal conditions that may arise in the complicated organism of the entire body, through the use of alcohol with alcoholism as a result? Where will it cease its pernicious influence upon the formative force, and leave the organism untarnished?

"The numerous flaws in the nervous system," says Jas. I. Fellows, "whether of a physical or psychical nature, that can be discovered in the progenitors of victims of alcoholism, may be traced either singly, or running concurrently in the person of the parent." The evil does not only affect the hereditary alcoholic, but in many ways leaves traces of disease upon those who may be so fortunate as to escape the more severe results.

No individual who uses alcoholics, even in small quantities, or who is a descendant of an alcoholic inebriate, can possibly be free in every respect from the deterioration of mind or body, or both. We do not undertake to proscribe alcohol as a remedial agency, but it should be used with the same caution as other agents.

Although an individual may use alcohol and escape the more serious results, he has no assurance whatever that his offspring will not be affected physically or psychically, or both. "Slight excesses," says James I. Fellows, "with inherited susceptibilities, are certain to cause delirium tremens at a comparatively early period. In like manner we find in the children of habitual drunkards a predisposition to intellectual weakness on the one hand, or on the other to actual dementia. In their case, if the ready loss of balance and deficiency in mental vigor be not strikingly shown in the early years of life, it requires but slight quantities of alcohol to make them exhibit the feebleness of their self-control, and their ready excitability, and to expose the shallow intelligence that has veneered the ordinary intercourse of their lives."

We do not desire to speak of dipsomania further than the allusion made to it, as it is a distinct phase of alcoholism. It would require separate consideration. There are hardly any symptoms in common between dipsomania and alcoholism, either hereditary or acquired. The causes which lead to the two diseases are different; the treatment likewise is necessarily different.

We have but a word to say in relation to the treatment of alcoholism. Our main dependence in the future must, from the nature of the case, rest largely in the prophylactic. The physician is seldom called upon to treat alcoholism in its lighter forms. It is only when the debauch has reached such a stage of development that the patient can no longer endure the liquor nor do without the momentary excitation. It is at this point he becomes the most miserable of human beings. Bordering on delirium tremens, with the stomach extremely irritable, the doctor generally finds a difficult case to manage. The mind of the patient is so much disordered that we find illusions, hallucinations, and often delusions to contend with, besides the real physical disturbances. At this stage it is imperative to withhold all alcoholic stimulants, and sustain the remaining vital forces by hot nutritious soups. If patient has a flushed face, is extremely nervous and can not sleep, give specific gelsemium, ten drops every hour or two until sleep is obtained. Bromide of potash in large doses, twenty to forty grains, finds a place here. It may be given in conjunction with gelsemium. With pale, sodden skin, and feeble pulse, bromide of ammonium in twenty to forty grain doses is the remedy, repeated every three or four hours until the patient sleeps. In the pallid form with bursting headache, caffeine or bromide of caffeine will be of benefit. Patient should be kept in a room where the light is soft, almost subdued. Where the spinal center is anemic nux vomica is the remedy—specific nux, grt. x. to water \bar{z} iv., teaspoonful every two or three hours. A valuable adjunct to the nux in these cases is an application of a fly blister about one half inch square (two or more) to the tender points over the spinal cord, held in place with rubber adhesive plaster about two inches square—all to remain on ten days to two weeks. It is remarkable how rapidly and permanently this will bring back the lost nerve energy so essential in the treatment of these cases. Without better spinal innervation, success can not be looked for with any certainty.

We can not hope that this or any other treatment will be a lasting success unless we can get the patient to co-operate with us. He must bring to bear upon the case all his mental and moral efforts. As we said, alcoholism is a peculiar disease in the nature of its cause. The application of the cause is within the hands of the patient, and if he will not or can not relinquish this cause, the physician is almost powerless to be of lasting good to him. Strong and relentless will power upon the part of the patient, and wholesome moral and medical advice and encouragement by the physician, may go a long way in aiding the patient to use to every advantage all his opportunities in overcoming the morbid conditions which have become fixed upon him. Unless this can be done effectually, a large majority of the patients will lapse into their former condition, sooner or later, to undergo the same suffering, with a similar line of treatment and like results. In many of these cases the time comes when treatment is futile, and the

patient and physician no longer rely upon the profession for aid. The patient is consigned to his fate, and goes down a dejected, debased, worthless mortal.

SANITARY SCIENCE WITH SOME RESULTS.

By Pltts Edwin Howes, M. D., Boston, Mass.

SANITARY science can be described as that portion of scientific investigation which has for its objective the physical well being of individuals, singly and collectively. It embraces a consideration of the different causes which operate upon humanity, whether for its material good or its actual deterioration; it aims to extend the influence of the former, and to prevent or render innocuous, as far as possible, the effects of the latter.

It involves the formation of laws which shall protect, to as great a degree as can be, the well-being of the whole, from the gross errors or the willful heedlessness of a part; and above and beyond all else it undertakes the prevention of disease, by the discontinuance of all avoidable causes.

Thus we see that sanitary science calls into action the services of the people themselves in a constant exertion to produce self-improvement; it demands of our instructors that they shall teach, by the most improved methods, the means whereby the best life can be attained; it speaks in unmistakable terms to physicians, and bids them to be alert and active in discovering the manner of preventing, as well as curing, disease; and lastly, it authorizes our law givers to make and enforce all necessary rules for the promotion of the general health.

But while it is the main duty of the medical profession, as protectors of the general healthfulness of the people, to study all causes of disease, and disseminate such knowledge as shall aid in stamping out, or controlling as far as possible, those enemies of physical health, it will always depend, to a large extent, upon the activity or indolence of the masses whether disease increases or diminishes.

The time has passed when the people can be legislated into cleanliness, or be made virtuous by legal enactments; hence those among us who have given the most practical thought to the subject are unanimous in their opinion, that the best interests of sanitary science lies in the correct education of the masses in the fundamental principles on which it is constructed.

Our citizens must be taught that right behavior, personal cleanliness, and the rigid avoidance of excess of all kinds, are the essential foundations of health preservation; that the education of the brain and body should be simultaneous in the training and developing of our children into manhood and womanhood; and that morality does not consist so much in a dogged adhesion to empty creeds, as it does in a hearty and joyous submission to the rules of health.

Instruction must be of such a nature that the taught will, almost insensibly, become intensely interested in all those methods which will aid in their growing better bodies—bodies which are more capable of resisting disease. Sanitary science, presented in this manner, would become attractive, and its upholders increase with wonderful rapidity.

There are hopeful signs in these days; the teaching of physiology and the laws of health—so generally introduced in all grades of our schools throughout the country—will tend, to a large degree, to awaken at least thoughtfulness in the coming generation; and thoughtfulness, if wisely directed, leads to beneficent activity. Again, the public press is devoting large portions of its columns to the elucidation and discussion of sanitary problems. By this means correct views are being absorbed by those whose duty it is to aid in the intelligent obedience to public health regulations.

The space allotted to me will not permit of the extended discussion of the various problems which sanitary science must solve, ere the greatest amount of good can result to the public. It may be of profit, however, to consider briefly three points: What sanitary science has accomplished in past ages, what it should aim to procure in our present civilization, and the attitude and duty of physicians toward securing its best results.

Sanitary science, in the broadest use of the term, is intimately related to the life history of all nations, and enters, to a great degree, into the formation of modern civilization. It stands out with great prominence in the Mosaic code of the Jewish race, and its instructive and preventive measures, as exemplified in that code, have, to a large degree, aided in the rugged healthfulness of that peculiar people. Without doubt here lies the secret of Jewish immunity from many of the fatal epidemics which have devastated large portions of our inhabited globe.

Look at the grand old Greek nation for a moment; they have left us an invaluable stock of philosophy, literature and art. Granted that their code, as presented by Lycurgus, was severe and cruel, yet the methods which prevailed in the care and development of their physique, as well as their intellectual capacity, made them the examples of both the old and modern civilizations.

But these people, with all their intellectual capacity, knew almost nothing as to the real cause of disease, and they accepted the scourge as an indication of offended deities, which could not be averted. Their decline and fall was the result of their luxurious life, and the loose morality with which such life was associated.

The Romans—the other strong nation of ancient times although they did not add much to sanitary knowledge, have left some magnificent examples of sanitary engineering on a grand scale. Their Cloaca Maxima and the aqueduct for bringing water from the hills thirty

miles from Rome, are works of such vast dimensions that they have rarely been approached even in modern times.

Roman story, like that of the Greeks, has passed into oblivion, and those who have the most attentively studied the causes, are unanimous in attributing such ruin to the epidemics which repeatedly swept out of existence large parts of the inhabitants, in the early centuries of the Christian era.

Glancing at the dark or middle ages, and to the health history of England, we find that sanitary accounts are scant, but, as they increase in number and reliability, they also repeat the story of immense loss of human life by the frequent occurrence of plagues, pestilence and famine. These accounts are so strangely mixed with wierd, incredible stories, that they form a good index of a deep rooted belief in the supernatural as the prime cause of their fatal enemy—disease.

By contemplating the habits and abodes of these people, we can easily read the true reason for such excessive mortality. Personal cleanliness was unknown; clothing was heavy and warm, and rarely changed, night or day. Their food was coarse, consisting chiefly of flesh, which was highly seasoned. Strong wine and ale were drunk in astonishing quantities. Intemperance and gluttony were prominent characteristics of this sturdy, fighting folk. Their dwellings were miserable hovels, with mud walls and thatched roofs. The floors, to quote from a well known letter of the learned Erasmus, were generally made with loam strewn with rushes, constantly put on fresh without removing the old, lying there, in some cases, for twenty years, concealing fish bones, broken victuals and filth of other kinds. The streets were unpaved, generally covered with clay and rushes, concealing all sorts of abominations. Those were days, indeed, in which Mr. Darwin's doctrine of the "survival of the fittest" was most completely illustrated; the weak perished and left only those of an iron constitution to continue a brave, hardy, resolute race, which increased so slowly as to be hardly noticed for centuries.

We are not surprised that fevers and epidemics were of common occurrence. In the twelfth century there were fifteen wide-spread epidemics and many famines; in the thirteenth century, twenty epidemics and nineteen famines; and in the early part of the fourteenth century, there were eight epidemics and more famines.

These scourges were not merely local, but spread over such an extended area as to be regarded as general calamities. We have now reached the fatal year of 1348, when the Black Death first appeared in England. In London alone, 100,000 victims were claimed by this dread destroyer, and throughout Europe the mortality reached the vast number of twenty-five millions of people, or about one-quarter of the entire population.

During the next three centuries the conditions remained about the same, but at the expiration of that time a better day was dawning. The gradual improvements in agriculture, manufactures and com-

merce, were introducing more comfortable methods of living. Food was becoming more plentiful, and better suited to the needs of mankind. Vegetables, the potato in particular, were being used to a greater extent; fresh meat was, in a measure, replacing the habitual salted provisions, and tea and coffee were beginning to be used as beverages, in place of the ale and strong liquors which had been such an aid in the production of disease in the former periods. People were also *beginning* to appreciate the value of *cleanliness*, both of person and home. Thus it may be safely asserted that the seventeenth century, although not specially prominent in sanitary advancement, did witness the glimmerings of better days.

The great purifier of this century was the memorable fire, which destroyed almost the entire part of old London; 81 out of 97 parishes being completely consumed. The model city, planned by Sir Christopher Wren, was not realized, although better houses were built, wider streets were laid out, and the sanitary conditions were much improved in many respects.

The eighteenth century ushers in a period when observation and induction began to take their rightful place in the prevention of human misery; when the physical causes of disease began to be more thoroughly appreciated; and when, at last, it began to be understood that the causation of disease could be investigated and controlled in a scientific manner.

Prominent among these sanitary pioneers should be mentioned the honored names of Captain Cook, John Howard, and the immortal Dr. Jenner. Captain Cook's name is connected with the stamping out of that once prevalent disease—scurvy, a malady which, up to the last portion of the eighteenth century, reckoned its victims by the thousands, especially among those whose lives were passed in making ocean voyages. Neither were landmen spared, for they frequently fell victims to this fell destroyer. Captain Cook, in his first voyage round the world from 1772–75, demonstrated conclusively that this disease could be swept out of existence by proper attention to diet. During this voyage only four men died out of 118. Three of these deaths were the result of accidents, while the fourth was due to consumption.

John Howard devoted his life to demonstrating that jail fever, which was constantly breaking out among the prisons, and being disseminated all over the country by discharged prisoners, could be prevented by the adaptation of proper sanitary methods. He lived an apostle and died a martyr in establishing the fact that this is a disease which is primarily produced by filth and overcrowding.

Another sanitary triumph of this century, which deserves more than passing notice, was the discovery and promulgation of vaccination. Praise for this is due to Dr. William Jenner. The first vaccinations were made in 1796, and it shortly produced indisputable facts of its helpfulness in curbing this potent factor of disease and death. Well authenticated returns prove that, although the mortality was 88 per

1000 deaths in the last ten years of the eighteenth century, it has fallen in a progressive ratio to 11 deaths per 1000 during the present century.

Besides these giant strides in sanitary victories, there were others in this century. Among these may be mentioned better ventilation and more improved home accommodation. Sickness among small children was more easily conquered, and disease, as well as its fatal ending, was much reduced. All these causes entered into the reduction of the death rate; so that while in London during the seventeenth century 80 persons in every 1000 perished, it has been reduced in such a degree that at the present time only a little over 20 persons in every 1000 fall victims to disease.

Thus briefly have I sketched the rise and progress of sanitary science, from the earliest times up to the present. It was the knowledge of these facts which has been a strong stimulus to other investigators, who are constantly widening the margins of their studies, and as constantly adding to the number of diseases which can be prevented, to a great degree, by the application of correct sanitary principles.

What should sanitary science aim to attain at this present time? is a question of vital importance to all who are living in these energetic, progressive times. It has been aptly stated that "*Public health is public wealth.*" If this is so—and who will dispute it?—the first and greatest subject to be considered is the providing of proper homes, pure air, good water, and cheap and wholesome food for our inhabitants. To each of these subjects a long essay might be devoted in just elucidating the merest outlines of that foundation upon which correct principles may be constructed.

To these primal subjects should be added that which pertains to the proper bestowal of our refuse. This is of the greatest importance, for we may practically destroy it, so that our native soil receives no advantage, or we may start it upon a round of creative productiveness which will provide warmth, homes, and raiment; and in so doing find perpetual occupation for the ever-increasing numbers of the unemployed. Looked at philosophically, the question of the right bestowal of organic refuse is a *national* question of great political importance, which no statesman can neglect, and which has effects vastly more far-reaching than is generally supposed.

Lastly, sanitary science should engage all of its potent factors in ferreting out the causes which underlie the formation of those maladies which affect mankind. Statistics could be quoted at great length which would show what has been accomplished in this direction: and that which has been performed is but a suggestion of what is yet to be attained in the prevention of disease.

In order that these beneficent results should be produced, it is emphatically essential that the people should be thoroughly educated in correct sanitary ideas. They should not only be drilled in the laws of sanitary science, but should also be instructed in the great good which results from obedience to such laws, as well as the baneful

effect of disobedience. It is at this point that the physician plays a most important factor in bringing about these desirable conditions. He it is to whom the people look for the removal of disease from their bodies, and he, from the very nature of his position, should be a patient and constant investigator in all those causes which have a tendency to produce deterioration ; for disease is simply impaired health.

He should always lift his voice and lend his influence to aid all projects which have for their outcome the alleviating of existing disease, and the prevention of its recurrence.

He should be the constant instructor of his patrons, on the various topics of sanitary science, and, in order to acquit himself creditably in this matter, he should be a careful reader of sanitary literature.

He should use his influence to secure such legislation—and if physicians would act together in this matter, who can estimate the amount of such influence?—as will best conserve the public health.

He should advocate the formation of local and state boards of health, and interest himself in the personnel of their members.

Such, then, is the attitude which physicians should assume toward sanitary science, and the day which sees the awakening of the medical profession, as a whole, to the importance of this great subject, instead of, as now, here and there an example, will witness a tremendous stride in the furtherance of correct sanitation.

All who are familiar with the history of our school of medicine know what conspicuous results have been produced by the constant battle of its early adherents against those methods of practice which were deemed pernicious. Let us, *as a school*, imitate our worthy ancestors, and enter bravely and devotedly into the fight of sanitary science against disease. By so doing we shall, like them, prove benefactors to our race, and add new and lasting luster to the cause of Eclecticism.

A LITTLE USEFUL EXPERIENCE.

By an Old Practitioner.

WHEN I graduated from my old school alma mater, somewhere about the head of the class, some twenty-five years ago, I naturally thought, because the kind old professors said so, and because I was entitled to write at the end of my name, in addition to M. D., some five other capital letters in a couple of groups, that I was probably as well equipped as the majority of the best of young doctors, to go forth and do battle with disease, broken bones, bruises, cuts, etc., not to mention old ladies, friendly and unfriendly. So, settling down in a village, I hung out a modest shingle and prepared for business. I had not long to wait, for it came with a rush. Luckily for my patients, the epidemic was not of a severe type, and no deaths that season were charged up to my account, all of which, of course, helped to give me a good reputation in the neighborhood.

Now my competitor was an Eclectic, who had practiced some ten or twelve years; and let me say, that I have never met a man who seemed more naturally adapted to the practice of medicine, in many respects. If such a thing is possible, he could have been called a born diagnostician; but his failing was periodical sprees. If a patient was doing badly, he was in the habit of solacing himself with whisky, irrespective of the quality, and in spite of the remonstrances and warnings of friends, this habit, as it generally does, grew all too rapidly, and carried with it the inevitable consequences. I think I must have put him together a dozen times or more with splints, plasters, and bandages, for he was at all times a reckless rider and driver, and there was more business than we both could attend to. A strong friendship sprang up between us, and we had many consultations. All his cases of surgery were entrusted to my care, and to square up matters, I threw many good things in his way.

Now I am coming to the point of this roundabout story. In our consultations and conversations, methods of treatment were discussed and friendly differences, based on each other's peculiar views and different teachings, naturally arose. Notwithstanding that I had given the bulk of my time to studying the tenets of my own school, I read quite largely of Eclectic and Homeopathic literature and text-books, and was always willing to try what seemed to be a good thing, no matter who recommended it, or from what school it emanated. I noticed that my Eclectic friend, particularly in treating our peculiar fevers, seemed to control various symptoms and give quicker relief than I did; the relief was also more permanent in many instances. This of course led me to investigate, and with some help I soon mastered the situation; but the trouble is, that on many occasions since, in meeting a competitor at the bedside, he puts the question, "What are you, an Eclectic or a regular?" I can only reply, call me what you will, so that I benefit or cure the patient. I sometimes ask myself, What am I? I can not call myself an Eclectic, according as that term is generally understood. I can not say that I am strictly an old school practitioner, as I depart on many occasions too far from its teachings.

I must be professionally lost, as I am afraid neither school will own me; still, I keep on doing all the good I can in my own way.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

ORIGIN OF THE SENSE ORGANS.

In order to fully understand the intimate relations existing between the various organs of special sense and the other parts of the body, it is necessary to study, a little at least, the development of these organs. Morphologically the mammalian type is developed from a single cell or egg. This primitive form is of short duration,

developing by division or segmentation, until by differentiation the characteristic individual is evolved. In the stage known as the blastodermic vesicle, the layers called the ectoderm or epiblast, mesoderm or mesoblast, and entoderm or hypoblast, are distinguishable.

In dealing with diseases of the eye, ear, nose and throat, four out of five of the sense organs are considered, and for this reason the embryology is important.

All the sense organs are developed from the ectoderm, at least the sensory part, while the mesoderm enters into the formation of the eye in so far as muscles, bony walls sclerotic, &c., to give form and mobility to the organ. The brain, cord, nerves, skin, &c., are also developed from this outer portion of the vesicle. We see that from the stand point of embryology, the intimate relations existing between the nervous system and the special senses which are to be considered in these subdivisions of medicine are important.

The eye especially, on account of its close proximity to the brain, is more likely to influence, and be influenced, by lesions in other parts of the body. Reflex conditions are common, and the oculist is often called upon to prescribe for some supposed abnormal condition of the eye, when a careful examination will disclose a cause so remote that he will hesitate in giving an opinion regarding the outcome of proper treatment to this remote region or condition. Again, from some anomaly of the eye a train of nervous symptoms will be set up that will baffle a careless observer for a long time. The province of the so called specialist is or should be broad enough to enable him to discover, not at a glance, for this is impossible in many cases, within a reasonable time, the cause of the disturbance, and to put the patient on the right track by sending him to a person competent to handle the case, provided it is out of his line of work. In small towns it will usually be necessary for the physician to have sufficient knowledge of the different branches to enable him to take care of most diseases coming under his observation.

HYPERTROPIC RHINITIS.

A short time ago a doctor came to me for hypertropic rhinitis, saying that he must have the turbinated bones operated on. An operation had been performed several years ago for hypertrophied turbinates with partial relief from the annoying symptoms, but as the trouble was not fully relieved, he came to me for another operation. Examination showed that nearly the anterior two thirds of the right inferior turbinate had been removed. The remainder was so swollen as to impede nasal respiration on that side of the nose. The left inferior turbinate was not mutilated very much, but the tissue was very much swollen.

Examination of the pharynx revealed an advanced stage of follicular pharyngitis with commencing atrophy of the tissues. I did not think

an operation advisable and so stated. The doctor was somewhat incredulous of treatment being of any account in the case, but agreed to give it a trial, and then we could operate later if necessary.

Treatment.—An ointment of salicylic acid (gr. xx to vaseline $\bar{5}i$), smeared on a pledget of cotton and introduced into the nostrils on alternate days, getting the tampon against the swollen tissues. For the cleansing of the nasal cavities advised the following solution used with the "success nasal syringe," once or twice a day: R—Acid salicylic (Lloyds'), $\bar{5}ss$.; sodii boras $\bar{5}iss$. Lloyds' hydrastis fl. $\bar{5}i$; dist. hammamelis q.s. fl. $\bar{5}iv$. M. Teaspoonful of the solution in enough warm water to fill the syringe twice.

A few days ago I received a letter from the doctor saying he never had received so much relief from his catarrhal trouble, and that the nasal respiration was freer than it had been for years.

The idea that every case presenting, where the tissue of the turbinated bones is thickened, must be operated on, is a mistake in my opinion. I know I have operated on some cases that if I had to do over again I would not use any instruments, and yet I have done no more and probably not so much as some, for I virtually abandoned the use of instruments in the nose a number of years ago, and have depended upon milder measures, and with greater satisfaction to the patients as well as myself. The use of strong caustic preparations in the nose are fully as bad as instrumental interference, and are to be deprecated fully as much.

CARE OF THE EYES.

This is of vital importance to every one, and is something that is too often neglected even in the text books on the eye. The size of the type is important, and should not be smaller than 1-15th inch high, (this for letters like n, s, &c.), and it would be better if they were 1-12 inch high. The space between lines should be about 1-8 inch. The type should be heavy faced. The paper should be heavy enough so the type does not show through, and firm enough to keep the ink from spreading. A paper that is glazed is tiresome, a dead surface being the best and the color a neutral tint, not enough tint to be glaring, but so the sharp contrast between black and white will be avoided.

The light should fall upon the paper from a point a little above and to the left of the individual so no shadows are cast on the paper in turning leaves. The eyes should not be used over fifteen minutes at a time for close work without giving them a rest. After the age of thirty ten minutes is long enough, and after the sight of old age sets in five minutes should be the limit. This applies to close work. The time of rest does not mean a half hour, but fifteen or twenty seconds will generally be enough. This gives the delicate muscle of accommodation a little "breathing spell," and it will show its appreciation by allowing you to do much more work without protesting than you otherwise could.

Action of Atropine and Pilocarpine on Peristalsis.

Dr. Traversa states, after a number of observations, "that pilocarpine accelerated and strengthened peristalsis, whilst atropine lessened and finally abolished the movement of the intestines. In each case the result is obtained through paralysis or stimulation of the ganglia and nerve endings in the intestine."—*Il Policlin*, 1897.

In my experience even the instillation of atropine in the eye for a number of days is followed by constipation, and where it is necessary to continue for any length of time I always give some laxative. Jaborandi, however, seems to have an action, not only on the bowels, but also on the liver and stomach. Patients saying the appetite is better and the bowels move more regularly than before they commenced taking the medicine.

PERISCOPE.

"CHOOSE THE BEST."

All honest physicians employ the best measures known to them in treating disease. They "choose the best." To do otherwise would be disreputable. It would be very unusual for a physician to solicit public patronage upon the ground that he used only moderately good or the most inefficient remedies. But to simply assert "We choose the best" is not a forcible reason for precedence. Of course Eclectics "choose the best." Every school of medicine and each member thereof also claim to "choose the best." Naturally every physician practices according to what he considers the best methods. But is there a superior acuteness of judgment conferred upon Eclectics that renders them more competent than others to "choose the best?" Such an egotistical assumption justly subjects those who make it to ridicule. We must "choose the best" if we are not rascals, but to claim this as a principle upon which to found a special method of medicine is absurd.

If Eclecticism consists in stealing the "best" from regular Homœopathic or other source, and without due credit appropriating it as our own; if we are but parasites upon the medical oak, drawing nourishment from, without contributing to, the general welfare; if we have no other reason to offer for our existence as a school than that we "choose the best" without rule or law of choice, simply choose the best; if we have nothing distinctly Eclectic; if our existence is dependent upon the work of others who make discoveries with which we prolong our lives by absorption, then we are but fungi and should be amputated and cast aside.

Nor does Eclecticism consist in growling at every one not of our faith, nor in bickering with or adversely criticising others. The world has no use for such a class.

Can we not as a school offer convincing arguments, based upon indisputable evidence, that we are worthy of recognition?

We do not "choose the best" from regular medicine. We have no use for their methods, except in so far as they coincide with ours. We have a distinctive *Materia Medica* of our own, and a distinctive method of practice. Is there any one who has the temerity to claim that podophyllum, leptandra, hydrastis, macrotys, rumex, caulophyllum and scores of other remedies are the "best" from regular sources? Our *Materia Medica* is clearly Eclectic and we do not "choose the best," worst or indifferent from any other school. Even those medicines which are commonly used by all schools are administered by us on different therapeutic lines, *i. e.* specific medication.

No better principle of medication has ever been offered to the public than that of specific medication. It is wide enough, deep enough and broad enough to meet every phase of morbidity, and upon it and upon our *Materia Medica* we must stand or fall.

As a foundation upon which to establish a distinctive school of medicine this "choose the best" fallacy is played out. Justly so, because the thought expressed by this term is the underlying principle of every school and cannot, therefore, be a specialty. Any physician, however humble, no matter what school he affiliates, "chooses the best," and is just as much of an Eclectic as those who make prodigious claims and seek to establish a special branch of medicine upon this one principle. An individual might as well claim a right to special distinction because he breathes air.

The glorious Eclectic school has reached its present proud position in the medical world, not because it has enriched itself by practical methods, not because it has drawn its substance from other schools, but because the revered Fathers worked out, in the very beginning, mostly from our indigenous *Materia Medica*, the remedies which have proven so efficient and with which they supplanted the harsher medicines of olden times. And also because they taught us to medicate, not names, but symptoms according to their manifestation in each individual case.

As far as the general public is concerned it matters little to them about schools. Success in practice is the criterion by which they judge and by this test Eclecticism must prove itself worthy. Suffice it to say that we have not failed, but are still in the ring, and are rising more and more in public estimation. The epithets hurled at us in the past have lost their weight if they ever had any. Schools are drawing nearer together; we have not receded, but they are coming our way and are inviting us into their fold. We are not going to them, they are coming to us. Let them come, they will find a good thing waiting. May the day speedily appear when there will be no old school, no new school, when the lion and the lamb shall lie down together, with the lamb on the outside.

All honor to the Fathers who laid the solid foundations of Eclectic

practice, and all honor to those physicians who have built wisely upon this foundation, not by choosing the best from allopathic or homœopathic sources, but by proving all things and holding fast to that which was good. The "best" chosen upon such a principle as this will withstand the ravages of time and live always.—*Lyman Watkins, M. D., in Chicago Medical Times.*

SAW PALMETTO.*

Three commercial varieties of this drug are found in the market. The immature fruit, which is collected two or three weeks before ripening, has assumed the characteristic form of the berry, and is of very nearly the same color and size as that of the olive. The taste is acid, acrid, and pungent. The mature fruit is of the same shape as the above variety, a little larger, and is of a very dark purple color. The odor is characteristically aromatic—due to the presence of a volatile oil. The taste is at first sweet, and usually considered not unpleasant, followed by an acrid, pungent sensation, which is soon almost masked, giving an impression similar to that produced by bland oils. The pungent effect is caused by the volatile oil, and is counteracted by the fixed oil, and probably the alkaloid. The weather or sun-dried fruit differs from the above varieties in being more or less wrinkled, and on examination shows a decrease of one-fourth to one-half of its former weight. Taste not so pronounced as was noted in the mature fruit.

MEDICINAL USES.—Saw Palmetto is a sedative, nutrient, diuretic, and tonic. It allays irritation of the nose, throat and larynx, and as has been pointed out heretofore in this article, Dr. Read found it to be very serviceable in catarrhal affections, and as a superior nutrient agent.

Dr. I. J. M. Goss says: In sexual debility it has no superior; in diseases of the prostate gland it reduces hypertrophy; in inflammation of the mucous lining of the urethra and bladder, it acts like sandalwood, copaiba, cubebs, kava kava, etc., and possesses the special advantage that it does not induce either nausea or oppression of the stomach, but on the contrary improves digestion and assimilation.

Dr. S. F. Dupont confirms the statements that have been made regarding its special action in relieving diseases of the bladder, prostate, etc. In laryngitis, bronchitis, whooping cough, and other pulmonary affections, he finds in saw palmetto an infallible remedy.

Many other clinical reports could be given, but as they would be of use merely to confirm the above medical authority, and as the therapeutical value of the drug is so well known, I believe sufficient attention has been given to the topic under discussion. It might be worth

* From a valuable study of the drug, by J. L. Tegarden, Ph. C., published in the *Pharmacologist*, Detroit.

while to add that within the past year the writer has interviewed some two thousand physicians, and almost invariably they are prescribers of saw palmetto in one form or another.

Florida is the ideal home of the saw palmetto. Here it is found flourishing and yielding more abundant and better fruit than is produced in any of the other Southern States. It is estimated that in that State alone, if it were possible to gather the full crop of berries, about 300 000,000 pounds would be obtained semi annually. Not over 1-10 of this immense quantity finds its way out of the wilds of Florida. Like many other crops, the fruit is usually more plentiful in alternate years. Last year there was very little fruit, but advices from the saw Palmetto districts state that this year the outlook for a good crop is very favorable.

Roentgen Rays.

Schott (*Deutsche Med. Woch.*), in 1890, published a series of experiments showing that an acute dilatation of the heart could be caused by severe exercise. He was at that time obliged to depend entirely upon methods of physical diagnosis. Now he publishes a series in which the results of physical examination are corroborated by means of skiagraphs and diagrams from screens. The results showed that after exercise the heart was enlarged in all diameters—in one case as much as 3.5 c. m. laterally. The right ventricle not only showed the greatest increase in size, but its enlargement came on first and disappeared before that of the left ventricle. A bicycle ride of 5½ k. m. in twenty-three minutes, caused a dilatation of 2 c. m. in the right ventricle, and the apex to move outward 1½ c. m. A walk of 1½ k. m. in thirteen minutes, on the other hand, while causing a sweating as marked as the riding, brought about no increase in the size of the heart.

W. N. M.

Starving in Heart Disease.

At a recent meeting of the Berlin Medical Society, Dr. Hirschfeld read a paper on the nutrition of patients with heart disease. He took the somewhat startling position, in which, however, he was substantiated by the approval of many of his hearers, that patients with heart disease, in the stage of imperfect compensation, should take as little food as possible, not even enough to sustain the body weight. It was formerly the custom to give as much nourishing food as possible, with the idea of strengthening the heart. The speaker maintained, however, that in this way too much work was thrown upon the heart, and that the organ was spared and its muscles strengthened by giving very little food, say about a pint and a half of milk a day. Senator, among others, agreed with the speaker in this view.—*New York Medical Times*.

COMPARATIVE SYMPTOMATOLOGY OF ANTIPYRETICS.

Gelsemium—Fever with nervous phenomena, nervous excitability, restlessness, flushed face, bright eyes, contracted pupils, sharp, quick pulse, nervous twitchings, evidences of acute determination of blood to the brain.

Aconite—Sthenic fever with sharp, hard, quick pulse, dry, hot or burning skin, chilliness up and down the spinal column, suppressed secretions: at the onset of acute fevers; in the early stages of acute inflammations; in the developing stages of the exanthematous fevers.

Veratrum—Sthenic fever with large, full, bounding, fast pulse, with high temperature, engorged capillary circulation; at the onset of acute local inflammation, in previously strong patients; in acute convulsions with high temperature and rapid pulse.

Bryonia—In the fever of acute inflammation, if in the lungs or bronchi there is sharp, hard, short, quick cough, inducing pain and soreness, quick pulse; if in serous membranes there is quick, acute pains, diffused soreness and tendency to effusion. Acute synovitis, with pain on movement and threatened exudation, is relieved by it.

Rhus Toxicodendron—Acute inflammatory fever with sharp, hard pulse; involvement of the skin, bright, circumscribed redness, with burning pain and extreme soreness; fever with sharp supra-orbital pain, burning in the eyes, flushed face, red mucous membranes, dry tongue with reddened tip and edges, red, narrow, elongated tongue with brown coat; sordes.

Antipyrin—The onset of sthenic fever in strong patients; symptoms similar to veratrum, but accompanied with general distress or much pain. Not used after the developing stage.

Acetanilid—Acute fever with marked nervous phenomena and much pain; nervous excitement with acute neuralgia or rheumatic pains; development of la grippe.

Phenacetin—In acute high fevers with hot, dry skin and suppressed secretions and general discomfort, especially from acute cold; in developing inflammation before structural change has occurred. The most desirable of the synthetics. There is but little distinction in the symptomatology of the last three remedies.

Belladonna—Must be studied with reference to its influence in the developing stage of inflammations. It will be found classed with nerve stimulants. It is a most important specific remedy in equalizing the circulation and preventing the local hyperæmia essential to all local inflammatory action. It is especially indicated when there is fever with dullness or tendency to stupor, with dull eyes and dilated pupils. It works in perfect harmony with aconite or bryonia. It is not a sedative to the fever, but combats the fever processes. It is given usually with a direct fever remedy.—*From Prof. Ellingwood's Therapeutics.*

Diet in Heart Affections.

A writer in *L'Union Med.*, Nos. 34 and 35, 1896, in reviewing the various French authorities on the value of diet in relieving symptoms in cardiac affections, devotes the chief part of his paper to milk diet, complete or partial. By complete milk diet he means the prescribing two and a half to three litres (four to five pints) of milk per diem, to the exclusion of all other food of any kind. This should be continued for at least ten to fifteen days, or longer if indicated. Its value consists in the rest which it gives to the stomach, the kidneys and the heart, the diuresis which it produces, and its freedom from "toxines." It can only be of real service in cases when it is well tolerated. Any acidity which it produces is readily treated by large doses of bicarbonate of soda (dr. i to oz. iss). The cases in which it is of most value are: First, reflex palpitations of gastric origin; second, simple hypertrophy or dilatation of gastric or renal origin; third, simple or gastralgie dyspepsia in early stages of heart disease; fourth, renal disease secondary to heart affection—very valuable; fifth, arterio sclerosis—of alcohol or gout—very valuable, and should be returned to for short periods (three to five days) every fortnight or month. In late asystolic conditions, where all the organs are affected, and the dyspnea is not only mechanical but also toxic in origin, milk diet is useful, but should not be continued too long. When the dyspnea ceases, eggs and vegetable soup may be added and the milk reduced to one litre (one and a half pints) per diem. Later, well cooked, easily digested meat or flesh may be added, but the milk should not be left off entirely. If the dyspnea returns, full milk diet should again be resorted to.—*Med. Chronicle.*

THE TREATMENT OF CONSTIPATION.

Dr. T. Lauder Brunton regards this symptom as the reaction of a healthy organism to unfavorable surroundings, viz., too soft food, too little water or too little exercise. For the first, one may advise bread, either made of the whole grain or with more or less bran; vegetables in abundance, either cooked, as spinach, cabbage, broccoli, Brussels sprouts, cauliflower, carrots, turnips, parsnips and the like, or raw, as tomatoes or celery. Fruits are of advantage—melons, apples, oranges and figs. When stewed prunes are inefficient in keeping the bowels open, some senna leaves may be tied in a bag and placed in a receptacle in which the prunes are to be stewed. This plan has often been successful when the ordinarily stewed prunes have failed. Sugars in themselves are useful laxatives. A favorite addition to the breakfast is marmalade which contains vegetable salts, sugar, and also the hard skin of the orange cut into small pieces, which are rather indigestible and give a mechanical stimulus to the bowel. Water, insufficient in quantity or abnormal in quality, is a cause of dryness of the bowel, which results in constipation, which

may be lessened by the taking of a tumblerful of hot or even of cold water on rising in the morning and on going to bed. For waters from a chalky soil, some of the bottled waters, soda, potash or aerated water, should be substituted. The habit of evacuating the bowels at a certain time should be formed; at night if the patient suffers from hemorrhoids. Exercise is of advantage, massage, rubbing the bowels in the direction taken by the hands of a watch, is also useful. In delicate women, especially those suffering from ovarian or uterine trouble, exercise may be harmful. In defecation where the floor of the perineum is lax it may be necessary to press the fecal mass forward in something of the same way in which the accoucher turns forward the child's head. Open-air defecation causes a stretching of the floor of the pelvis and affords support to the fecal mass as it is forced backward by the action of the abdominal muscles. This can be imperfectly imitated in the closet by the patient leaning forward to an acute angle. In some cases hydropathic treatment is useful, wet compresses to the abdomen two or three times daily and sitz baths, cold in summer and with the chill taken off in winter.—*The Lancet*.

MANAGEMENT OF CONFINEMENTS.

Dr. David Rose, in *Omaha Clinic*, says: I am convinced that the diseases of women are due to improper management at confinement more than to any other one cause.

Subinvolution, with consequent increased weight of the uterus and displacements, causing obstructed circulation, followed by menorrhagia, metrorrhagia, leucorrhea, backache, and many other well-known symptoms, are largely due to lacerations of the cervix; which lacerations I believe take place in a much greater percentage of the so-called normal cases than is generally supposed.

The time is coming, and should now be here, when every woman will be examined by sight, as well as touch, within the lying-in period, and all lacerations carefully dressed every day or every second day until healed.

I do not believe satisfactory union can be secured by suturing a tear in the cervix immediately after confinement; but I do believe and know from experience that by the introduction of a speculum, and wiping the parts thoroughly dry with medicated cotton, and applying iodized phenol once a day, or every alternate day, lacerations involving the whole length of the cervix can be made to heal in a short time, so that it would be impossible to know an injury had taken place.

If there are symptoms of septicæmia I wipe out the uterine cavity and apply the phenol freely to the interior. It is impossible to understand how rapidly involution takes place under this treatment until it has been tried—a very few applications being sufficient when nature has that work on her hands.

Even if suturing were better, the time will never come when the majority of ordinary practitioners will discover that they possess the skill to do it. But no man who pretends to be a physician should hesitate to give the treatment described above, because it is simple, painless, and free from danger.

Should a mother, after her confinement, have an elevated temperature, with paleness, sighing, and gummy perspiration on the lower extremities, do not depend on internal treatment, nor trust to the intra-uterine antiseptic douche. But pass your speculum, and apply the proper treatment under the guidance of the eye.

If cancer of the uterus is, in some cases, a consequence of ununited lacerations of the cervix, which proposition I believe to be true, and if the simple treatment I have outlined leaves the cervix in a healthy condition, then no excuse is sufficient for such neglect.—*The Pacific Record*.

BEAUTY IN MATURITY.

That the beauty of women, like that of men, should be determined from the standpoint of advancing maturity cannot be disputed. It is absurd to claim that the ripe, rich beauty of forty is less attractive than the budding immaturity of sweet sixteen. Where women live in harmony with Nature's laws each stage of life has its own charm. The physical beauty of women should last, growing more and more mellow until the end. The fullness of beauty does not reach its zenith under the age of thirty-five or forty. Helen of Troy comes upon the stage at forty. Aspasia was thirty six when married to Pericles, and she was a brilliant figure thirty years thereafter. Cleopatra was past thirty years when she met Antony. Diane de Poitiers was thirty-six when she won the heart of Henry II. The king was half her age, but his devotion never changed. Anne of Austria was thirty-eight when described as the most beautiful woman in Europe. Mdme. de Maintenon was forty-three when united to Louis, and Catherine of Russia thirty-three when she seized the throne she occupied for thirty-five years.

Mdme. Mar was most beautiful at forty-five and Mdme. Recamier between the ages of thirty five and fifty-five. The most lasting and intense passion is not inspired by two-decade beauties. The old saw about sweet sixteen is exploded by the truer knowledge that the highest beauty does not dwell in immaturity. For beauty does not mean alone the fashion of form and coloring as found in the waxen doll. The dew of youth and a complexion of roses are admirable for that period, but a woman's best and richest years are from twenty six to forty. It is arrant error for any woman to regard herself as *passé* at any age, if she grows old gracefully.

Be good and you will grow beautiful. Such was the advice given to a young girl whose irregular features and bad complexion troubled her so as to make life burdensome to herself and to those around her.

And it was not a mere put off—one of those vague phrases with which some people seek to quiet an unreasonable child. There is more truth and efficacy in this “beauty recipe” than most people may dream of; for character is more potent in stamping the features, the expression, and the pose with attractiveness than any external application could ever be. We often meet with women, who when young were remarkable for looks, growing positively beautiful as they get older, until at fifty they are—paradoxical as some may deem it—perfectly lovely. The skin gets clear, the features become harmonious, the carriage improves, until the woman seems a new being. The cultivation of refined and noble thoughts has this effect; hence a new, though perhaps a paltry motive for mind discipline. Most women choose goodness for its own sake; still, it is well to know that it will re-act externally as well as spiritually.—*Pacific Record*.

CARBONIC ACID.—At a recent meeting of the German Society of Balneology (*Gaz. Hebdom. de Med. et de Chr.*), Dr. Schuster remarked that irritation of the skin produced by bathing in water containing carbonic acid was manifested by a sensation of heat and prickling, with redness, especially pronounced in the region of the genitals. This irritation, he said, was propagated centripetally, and gave rise to modifications in the nervous and vascular systems. As the sexual centres were not very deeply situated, the excitation readily reached both to the medullary centre (that of erection and ejaculation) to the cerebellar centre (that of imagination). The medicinal use of carbonic acid was indicated, therefore, in all cases of sexual debility not dependent on some organic disease, such as tabes, nephritis, or diabetes; it was directly contra indicated in spermatorrhea and in grave forms of paralytic impotence, but it might be of great service in precocious senile impotence. The use of carbonic acid in the form of baths, douches, etc., was indicated also in the anaphrodisia of women. It was of substantial benefit, too, in utero-ovarian neuralgia, in dysmenorrhea and in amenorrhea.—*N. Y. Med. Times*.

CONTAGIOUS DISEASES.—Non-virulent microbes exist in all parts of the habitable globe. They were made disease-producing in the cases of cholera, small pox, syphilis, diphtheria and tuberculosis, in the thickly populated centers of the old world, through over-crowding and bad hygienic conditions, such as have never been known to us.

The virus is also derived from a previous case, and is spread either directly or indirectly through human intercourse. —

Increased vital resistance renders persons immune only in tuberculosis and other exceptional instances.

If virulent bacteria could be prevented from finding lodgment in human tissue, they would, for want of nutritive pabulum, soon return to their primitive dormant state.

Isolation, quarantine and disinfection, under the direction of bacteriologists, are the only means by which we may hope successfully to prevent the spread of contagious and infectious diseases.—*Medical News*.

Diseases of the Stomach.

The importance of a thorough knowledge of diseases of the stomach cannot be over estimated. Innumerable aches and pains, formations, tingling, and numb sensations are caused by imperfect gastric digestion. The theory that the stomach is only a receptacle for the gesta, and is not, strictly speaking, a digestive organ, has not been sustained by clinical and laboratory experience; while clinical experience testifies, and laboratory experiments and observation demonstrate that many digestive disturbances originate in the stomach, and produce symptoms which frequently have been attributed to derangements of the nervous system. Many cases of headache, impaired memory, and inaptitude for thought and work occurring in merchants and other business men, are not due to overwork and brain exhaustion, as is frequently supposed, but are caused by imperfect digestion, resulting from eating when the stomach is tired. When one is engaged in hard physical or mental labor the blood-flow to the stomach is decreased, and a proper amount of gastric juice is not elaborated, and the functions of motility and absorption are diminished. Under such circumstances digestion must be changed. Such patients may be benefitted by taking only soup, beef-tea or milk for the noon meal. Sometimes biscuit or bread and butter may be allowed in addition. The large meal, or dinner, should not be taken until the day's work is done. Thus severer forms of disease, as functional dyspepsia and chronic gastritis, may be prevented.—*Pacific Record*.

THE question that arises in our minds when we approach our cases of appendicitis for operation is: How can we operate to save life? All other questions are secondary. All considerations of surgical nicety and personal satisfaction must give way. What is the main anatomic object to be accomplished by operation when adhesions have formed? You will agree that it is to relieve by outward drainage the tension in the abscess cavity—to make a safety valve. When this has been properly done our chief excuse for interference is exhausted. Further work in the abdomen is dangerous.—*Weller Van Hook*.

Indications for Removal of Surgical Dressings.

1. The removal of stitches. 2. The removal of drainage tubes. 3. Saturation of dressings by an abundant discharge. 4. Soiling of dressings by feces, urine or vomiting matter. 5. The disturbance of the dressing by a restless patient. 6. Pain if it is due to pressure, and especially if of a pulsating character. 7. The occurrence of secondary hemorrhage. 8. Fever if it points to some trouble in the wound.—*Roth*.

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THE RIGHT RING.

"When there is a battle to be fought and a victory attained, does a good and wise general place a man at each cross road, extending over a great territory? No, of course not. If he did he would be licked, as every little cross-road doctor knows. Now you are an Eclectic through principle and choice. You are a graduate of an Eclectic college. You believe your school is the best. It has given you a means of support. It has put you in possession of facts and privileges far beyond the average physician. It has made you independent. Is it right for you to desert it now? If you had a faithful dog or horse, that had served you well for years, but you had no more use for him, would you turn him out to starve or kill him? If you should you would be a brute, not worthy the services of these noble animals. If you are an Eclectic and a graduate of an Eclectic college, and practice the system without giving your best energies and your means in return for all these privileges and blessings, you are worse than the man who deserts his horse or dog. You desert and injure your best friend, and the hope of a great and beneficent reform. Don't desert your alma mater. If you want to help your school and yourself, help your brother Eclectic by your counsel, your assistance, and your means. Join your association and do your duty."—*Editorial South-western Progressive Medical Journal, Oct. 1898.*

The foregoing has the right ring to it. The Eclectic graduate who does not unite with our societies holds his professional position by the grace of his fellow graduates. Were it not for the influence Eclectic and Homeopathic societies bring to bear on state legislatures and examining boards, no recognition would be given any physician outside the allopathic fold. But the indications are that it may not be long until those physicians who refuse to do their duty by uniting with our societies, may have to fight for themselves. It is not unlikely that the near future will see the various state boards make good standing in the official organization a necessary qualification to recognition.

TREATMENT OF TYPHOID FEVER.

Verily the medical world is moving forward. While typhoid fever has slain its thousands, the old treatment has slain its tens of thousands. The profession has been slow to learn this fact, but at last a long-suffering people are to be freed from heroic dosing. ~

Osler, in the last edition of his *Practice of Medicine*, just from the press, says, page 42: "The profession was long learning that typhoid fever is not a disease to be treated mainly with drugs." Again, page 46, he says, in speaking of medicine, "A *great majority* of my cases do not receive a dose, the principal treatment being careful nursing and a suitable diet."

The pendulum of regular treatment has thus swung to the other extreme, and while this is vastly superior to the old, we believe there is a happy mean—that there is much benefit from medical treatment if each case is carefully studied. We agree most heartily that good nursing and diet are essential factors in the case; in fact, the best treatment, if not assisted by good nursing, may fail to give relief to our patient.

We agree and insist, wherever circumstances make it possible, that our patient be placed in a large, well ventilated room; that the bed clothing be changed daily; that the secretions, both of the kidneys and bowels, be disinfected by a solution of chlorinated lime; that the vessel be thoroughly scalded out after each using, and every thing about the patient be kept sweet and clean. We also believe that much depends upon a proper diet. but we also believe that by treating the conditions as they present in each case, the fever will be lessened, the disease shortened, and our patient will get up stronger than he would without any medication.

Experience has proven that just in proportion as we are able to control the circulation, without depressing the system, will there be not only a decline in the temperature, but also an improvement in every direction. If wrongs of the stomach and bowels are marked, we have remedies that influence these organs favorably; if there is marked sepsis, we can correct this by proper medication.

I am a believer in the sedatives in typhoid fever, but not in using them to such an extent as to prove depressing. We are ever to keep in mind that the toxin of typhoid is depressing, and in the administration of remedies every agent that will further depress our patient should be discarded. The sedatives, aconite and veratrum, however, if given in the small dose, strengthen the heart's action by reducing the frequency of the pulse, queting the irritability of the nervous system, and reducing the high rate of temperature. The rapid waste of tissue is overcome or modified, and the life of the patient strengthened.

The skin, kidneys and bowels, also need looking after. Wrongs of the skin will be improved by the use of baths; wrongs of the kidneys by gelsemium, belladonna, etc.; wrongs of the bowels, if diarrhea, by ipecac, charcoal, bismuth, or sulpho-carbolate of zinc.

In this way we would carefully meet the wrongs of the system as they arise. All cases would not need the sedative, neither would every patient need ipecac and bismuth. We believe, however, and an experience of eighteen years justifies us in this belief, that if each case is studied carefully, and medicated with reference to correcting existing conditions, our success will be greater than if the treatment consisted of nursing and diet alone.

R. L. T.

CORYDALIS FORMOSA.

This is the Turkey corn of our older Eclectics—botanically the *dicentra canadensis*. With the older members of our school, when infusions and decoctions, and simple alcoholic tinctures and powdered herbs, held full sway, few drugs were so reputable as was corydalis. Even twenty years ago, when we attended lectures, its praises as an alterative and as an anti-syphilitic, were sung to the classes daily by Profs. Scudder, King and Locke. In our commingling with the Eclectics of to-day, and especially the younger ones, or through the journals, we hear or see little or nothing about this once famous drug. Why is it? Is it because we, as a school, have so many excellent alterative remedies, or has corydalis been proven to be an inferior remedy? Personally, we can not think that the latter is the reason why it seems to be neglected. Since beginning practice corydalis has had its place on our shelves by the side of iris, phytolacca, berberis, and others of like kind. There seems to be in the treatment of chronic diseases, a peculiar niche into which corydalis fits so snugly that its place can not be taken by any other remedy.

The specific properties ascribed to it are tonic, diuretic, alterative. We are not able to say that it is either a tonic or a diuretic, according to the common interpretation of these terms. If an alterative is a remedy that increases the general waste through the several emunctories of the body, thereby removing worn-out or debilitated tissues, substituting for constitutional depravity—cachexia—an improved nutrition, a better life and a better body, then corydalis is, in our opinion, an ideal alterative, though we greatly dislike the term, believing that any and all remedies are *alterative* in their action.

Corydalis is not the remedy when there is fever or excitement—hyperemia. It is a power for good where atony reigns. The mucous membranes are full and pale; the tongue is usually clean and broad, and full; the tissues generally are flabby and doughy—cold, soggy lifeless.

Such a condition is frequently seen in scrofulous children, women or men. In these cases the skin is bad, even to being diseased, the digestion is poor, with a profuse secretion of mucus, a foul, mawkish breath; the kidneys and urinary tract generally—frequently the bladder—especially are atonic, in the present sense of the word; the spleen may be soft or enlarged; there may be present either diarrhea or

dysentery. In women of this type it will be strange if one does not find amenorrhea, or dysmenorrhea, or menorrhagia, and at all events a profuse leucorrhea.

The condition thus described prevails in those in whom the ravages of syphilis are rampant. When it is present there is no better remedy than corydalis. It will remove the eruption and the nodes; it will cure the phagedenic ulceration of the fauces and other parts of the body; falling of the hair will be lessened, and the peace-destroying nocturnal pains will be lessened. We believe, too, that corydalis will be as efficient as any remedy can be for syphilitic iritis, when the case is properly selected.

In the treatment of many of these inveterate skin diseases like psoriasis, corydalis with us is never forgotten, especially when the conditions (atonic) are right. It is either given alone for weeks at a time, or in combination or alternation with other remedies. It is as efficient under proper restrictions, and less harmful and unpleasant, than iodide of potassium and the mercurials. We use the specific medicine in from ten to fifteen drop doses well diluted, every four hours.

W. E. B.

DESERVED CREDIT.

That the Eclectic school of medicine has contributed largely and creditably to the therapeutics of recent years, will scarcely find a denial, even from its medical rivals. It is not uncommon now a days to find a writer, and occasionally an editor of an advanced regular journal, praising the diligence of Eclectic physicians who seek out the hidden virtues of many a remedy ordinarily classed as inert. The Eclectic has not only enriched his own materia medica, but has contributed extensively to the Homeopathic medicines of the last quarter of a century. The drugs introduced by us, and the uses evolved, have frequently found their way into regular text-books, though too often without any credit, so far as our authors are concerned. It seems to have been a peculiarity of certain medical writers, that when they felt impelled to use Eclectic medicines, and through some prompting of the conscience did not wish to steal outright, to slightly write that they understand that the remedy is used by the Eclectics for such and such a purpose, and to end by saying something derogatory of the school and its followers. Finally, in succeeding editions of the work, all reference to the Eclectics is dropped, and the drugs and their uses stand on regular ground.

More recently, however, the regular journals at least have shown more honor in this matter. It must also be said, to the credit of some of the leading pharmaceutical journals, that they have been exceedingly fair, and evidently desirous of giving our drugs fair and extended notice, and always with full credit, both as to author and publication. This we believe, has been voluntary on their part, and this fair treatment came as soon as the editors had become honestly informed of the

nature of the work performed by our school in the cause of American medicine.

The legitimate position of the Eclectic branch of the medical profession is rapidly *forcing* its way to the front. Our medicines are effective, clean, popular, and our literature is in demand. Some of the liberal minded and more advanced editors have publicly and openly recognized the value of our investigations, and are now incorporating the results of our labor into their works, giving full credit therefor. It is a very strange position for us to find ourselves in, we who are accustomed to find ourselves called quacks and irregulars by men who have but to study to find out that we are not to be classed with charlatans.

We can hardly refrain from reflecting upon the horror which will be felt by some of the most vindictive members of the regular school, when they find extracts intact taken from our journals and text-books inserted in such a voluminous and valuable standard work as Sajous' *Cyclopedia of Practical Medicine*, now going through the press. In this work the matter is placed upon the same footing as that derived from regular sources. A recent valuable editorial on malaria and its remedies in the journal portion of this work, reads, with few exceptions, like the pages of an Eclectic materia medica.

This recognition of our work is gratifying, not so much because we have asked for any such favors, but as indicative of the fact that the bitterest phase of professional bigotry will likely be wiped out within the century in which it had its birth. We have been very patient, but "virtue hath its own reward."

H. W. F.

ERIGERON.

This is the *erigeron canadensis*—a common plant—and both the specific medicine and the oil are in common use. Of the former, one drachm is added to four fluid ounces of water, and a teaspoonful of the mixture may be given every hour. Of the oil, the dose is from five to ten drops. The infusion is often very efficacious, and we believe that in many cases its action will be more beneficent than either that of the alcoholic preparation or of the oil.

The virtues of *erigeron* as a remedy lie in the fact that it is slightly tonic, actively diuretic and astringent. A warm infusion is also diaphoretic. The specific medicine has a marked predilection for the mucous membrane of the kidneys and bladder, if not upon the mucous membranes generally. Its astringency makes it best suited in those cases in which there is a free discharge; and the fact that it is tonic and stimulant leads to avoid its use in the acute cases of an active nature, and to prescribe it generally in those chronic cases in which stimulation is desirable.

Erigeron is the remedy for painful diseases of the kidneys and bladder; in chronic nephritis and chronic cystitis; in urethritis, gonorrhoea, the later stages, and in gleet, *erigeron* is an excellent remedy.

In the dysuria of the child or adult, in gravel (so-called), as well as in diabetes insipidus, when the capillaries are relaxed, and even in albuminuria, when the same condition is present, erigeron, given in proper doses and with care, frequently proves to be a remedy of very great value. In chronic cough with much expectoration, and even in incipient phthisis, and in chronic catarrhal troubles of the genito urinary organs of the female, with profuse discharge, erigeron proves very efficient. Its astringency is of marked benefit frequently in bowel troubles. It is a remedy in diarrhea and dysentery, and in the choleraic discharges of entero-colitis, as well as in many cases of cholera infantum.

The oil of erigeron is a common and efficient remedy for passive hemorrhage, whether it be from the mouth, nose, womb, bowels, or urinary tract. It constricts the capillaries, and stops the ooze or "show" that frequently ends in a menorrhagia or a metrorrhagia.

W. E. B.

SURGICAL ITEMS.

LAPAROTOMY.—Some months ago, a woman was brought from the central part of the State on a cot to the Woman's Hospital on Seventh street in Cincinnati. She had been an invalid for nearly a year, suffering severely at times with pain and soreness in either iliac region; much tenderness all the time, and occasionally excessive menorrhagia. She was of a plethoric habit, about five feet two in height, and weighed in normal health about 170 pounds. After remaining in the hospital a few days, and going through the stage of preparation for the operation, she was anesthetized and placed upon the operating table.

An incision about four inches long was made in the median line, extending through about four inches of thick adipose tissue, before the intrusion into the abdominal cavity. She was then placed in the trendelenberg position, and on examination of the pelvic viscera two large pus tubes with extensive adhesions were dissected loose and removed, together with either ovary. The constricting ligature, after the manner of the Staffordshire knot, was drawn tightly and closely at either uterine cornea, the tubes and ovaries removed, the toilet of the peritoneum cared for after the most approved manner, and the wound closed with figure 8 silk worm-gut sutures. These sutures, however, were not ligated until after a closure with sterilized cat gut of the peritoneum, and the sheath of the recti-muscles, and the massing of the thick adipose tissue with cat-gut sutures from side to side.

The cutaneous incision was closed with silk-worm gut, subcutaneously introduced, and over all figure 8 sutures were nicely adjusted, and the repair by nature was all that could be desired in any laparotomy. To be sure, uterine curettage had preceded the abdominal operation; and in all cases of laparotomies where appendages are to be operated upon, I invariably curette the womb, so that there will be no danger of septic infection following—metritis.

The patient made an uninterrupted recovery, and has regained her normal health and appearance; the only complaint that she offers is that of irregularity of menstruation. We might say, then, that this case is a sample of hundreds of cases in which the uterine appendages have both been removed, and menstruation did not cease for weeks or months following the operation. While on the other hand, many cases witness a complete cessation following the operation. These cases have been a stumbling block to the physiologists in their old theory of menstruation and ovulation, and have wrought a change that requires a re-study of this rhythmic cycle.

* * *

METHYLENE BLUE AS A TEST FOR A WOUNDED URETER.—Recently a surgeon in one of the cities in the northern part of Ohio, in doing a vaginal hysterectomy, excised one of the ureters. When the patient had recovered sufficiently to be around the house, she complained greatly of the excessive vaginal watery discharge, and the surgeon explained, or attempted to explain, that it was due to a weeping of the peritoneal tissues. I was consulted in the case and prescribed methylene blue, and in a few hours thereafter the fluid escaping was colored, proving beyond a reasonable doubt the injury to the ureter. The bladder retained only about one-half the normal amount of urine that should be secreted within twenty-four hours, and this was a secret proof. When the patient called the attention of the surgeon to this condition of the urine, he was willing to admit that the ureter had been severed in doing the hysterectomy, and explained that he would make it all right by calling to his aid a surgeon to do a nephrectomy—remove the kidney instead of attempting to repair the severed ureter.

* * *

HOLOCAINE.—Recently Dr. E. Tauber, Chemist in the Technical High School of Berlin, discovered a new local anesthetic that is used as a substitute for cocaine in ophthalmic practice. Holocaine is a derivative of parphenetidin, from which phenacetin is derived. This new remedy, holocaine, is slightly soluble in cold water, more readily soluble in warm water, and is used by instillation of a few drops of a one per cent. solution.

The observations of the new remedy are that it produces complete local anesthesia of the cornea and conjunctiva in from ten to thirty seconds, and that this anesthesia lasts from five to ten minutes; that it does not affect the size of the pupil on disturbance of accommodation. Neither does it produce hyperemia, which follows the use of cocaine and other remedies. Its action on the eye is to paralyze the sensory nerve endings, and the speedy action of the drug gives it a decided advantage over the use of cocaine or eucaine, inasmuch as its action is almost immediate in producing the local anesthesia, and in a few minutes leaves the eye in its normal condition.

VITALITY.—Prof. Lionel S. Beale, in a recent issue of the *London Lancet*, answering his would-be critics in regard to bioplasm and vital forces, says: “During the last forty years or more, there has been a persistent and most determined effort on the part of some highly distinguished philosophers, as well as physiologists and physicists, chemists, and even physicians, to persuade mankind that all vital actions are in their nature but physical and chemical, while no one has been successful in proving his case, or even in adducing evidence that his contention is likely to be established in the future.” He says all growth through living nature is affected by living matter, bioplasm alone. Who can show that any tissue of any living thing in this world is formed by aggregation, precipitation, deposition, a sort of crystallization, or by the differentiation of a previously homogeneous exudation plasma?

The structureless living matter, bioplasm, is the one substance capable of building up and breaking down, of forming tissue and removing it, of taking up the matters resulting from disintegration and conversion. I challenge opponents to advance evidence against this view of formation, nutrition, disintegration or oxidation, as they occur in the living world, that are dependent on vitality. L. E. R.

HYDRANGEA.

This is another of those remedies that act so efficiently upon the urinary apparatus, and in which the Eclectic materia is so profusely rich. Specific hydrangea may be given in from ten to twenty drop doses, well diluted. It has had cathartic, diuretic, diaphoretic, and antilithic properties ascribed to it. Rather than to depend upon any one of these properties, when prescribing hydrangea, we prefer to have the prescription of it upon the knowledge that “hydrangea relieves irritation and improves the nutrition of the urinary mucous membrane.” Besides, it is said to have, to a less degree, an influence upon the mucous membrane of the respiratory and digestive organs.

At one time it was said that hydrangea would dissolve stone in the bladder. We presume that no physician of any knowledge or experience will claim that quality for it now. However, its action upon the kidneys and bladder is such that it dissipates the causes that lead to the formation of stone in the bladder. To a certain extent it increases the amount of water excreted by the kidneys, and this overcomes the serious effects of alkaline or phosphatic urine. By this same action it lessens the pain of a calculus passing through the ureter. The burning distress and discharge of chronic gleet are lessened by hydrangea. The irritation of the mucous membrane in and about the genito-urinary tract is lessened by the administration of hydrangea. Through its free action upon the kidneys, hydrangea is an excellent “blood medicine.” It assists in washing out cutaneous, strumous, and perhaps tubercular disorders. Though little or no atten-

tion is paid to hydrangea by old school writers upon *materia medica*, we deem it of far greater value to the physician who is in active practice, than are many other remedies to which those same writers devote many pages.

W. E. B.

RAFINESQUE, THE ECLECTIC.

Prof. Webster, of California, has asserted in a recent journal issue, that Rafinesque, the talented author, whom Prof. King considered foremost among early reformers, "never claimed to be an Eclectic." We claim that he did, and that he opposed the regular school of medicine vehemently, and that his writings, as well as his affiliations, prove it undeniably. With all kindness to Prof. Webster, who has no just cause to attack these fathers, who served him well, we assert that Rafinesque was one of the men who helped to give our school a place in history, and we call on Prof. Webster for his authority. In this connection we introduce the following extract from a letter written us by Prof. Alexander Wilder, than whom there is no better authority on the history of medicine in general, or on the history of reformed medicine in particular:

"In 1840, Dr. Cooke established the *Botanic Medical Reformer*. In it he denied explicitly being a Thomsonian, adding, 'We have expressly stated that we were *Eclectics*' The same year a State Medical Association was formed of which he was secretary, which bore the designation 'Eclectic Botanic.' Rafinesque was alive at that time, and in correspondence with the Reformers of the period, as one in sympathy with them. He wrote a letter to Dr. Beach, Jan. 26, 1841, of which these words are an extract: 'I must now state again, that I think highly of your medical work. I belong, like yourself, to the Reformed Practice of Medicine, and agree with you much better than with the Thomsonian, Homeopathic, or Botanic systems.' "

SENECIO AUREUS—Life Root.

This is another of the old Eclectic remedies that seems destined to a state of "inocuous desuetude," unless rescued soon through a re-study by our younger men. The older Eclectics all use it, and have used it for years, and it has never failed them. In the books generally you will find it described as a tonic, diaphoretic, diuretic, expectorant, and emmenagogue. We believe a number of these virtues are of a secondary nature. To us senecio seems to have but one very commendable property, that is a special or particular affinity for the genito-urinary organs of both sexes.

Given, a man with fullness and heaviness in the perineum, dragging weight and dull pain in the testicle and cord, together with a urination that is both tardy and difficult, with frequency and tenesmus, or even an involuntary flow, burning and stinging, and a dimin-

ished amount of urine, with a turbid, mucoid sediment, and an increased or diminished sexual appetite—the so-called “gravel” case—and senecio is to him a sovereign balm.

Senecio is specifically indicated [in the treatment of the woman who has weight and fullness in the pelvis—a feeling as though “everything would drop out below”—pain in vertex and cerebellar regions or in both; a purulent cervical or uterine leucorrhea, dysmenorrhea, or menorrhagia, sterility, or subinvolution. Senecio has a specific action upon many cases of ovarian trouble. No class of diseases is more troublesome, and no remedy, when properly given, brings such certain results.

Besides these there may be the disturbing urinary symptoms enumerated above, and even symptoms of granular degeneration of the kidneys, with a slight albuminuria. The young woman who most frequently needs senecio, is said to be “chlorotic.” It is she who has taken enough iron to make a railroad train of no mean size and is no better. Give her and the others specific senecio, in from ten drops to a drachm to four fluid ounces of water, a teaspoonful of the mixture every two or three hours. After trying it effectually and in the proper doses and cases, write the JOURNAL your opinion as to whether we have not done ourselves injustice and senecio a wrong in neglecting this old Eclectic remedy.

W. E. B.

ECLECTIC REMEDIES.

Occasionally some erratic brother who caters to other schools, or to the fads of other schools, on every opportunity, and rubs cross-grained whenever he meets an enthusiastic Eclectic, claims that we have to go to old school and homeopathic books for our methods and principles. Occasionally an Eclectic thinks he must seek information from old school publications concerning remedies we neglect in practice in favor of better remedies. We assert that the uses of all remedies known to legitimate medicine can be found in our Eclectic publications. To such as think us exclusive we commend the forthcoming work, *Eclectic Therapeutics and Materia Medica*, by Prof. Ellingwood, of Chicago, of which the Chicago Times says: “Four hundred remedies are treated according to Eclectic methods, and over one hundred additional are considered briefly. The appearance of this work, which will soon be on your shelves, together with the re-written King’s Dispensatory, marks an era in Eclecticism.”

ECLECTIC JOURNALS.—We can not have too many good Eclectic journals, and we welcome the addition of the *South-western Progressive Medical Journal* to our list. This journal is again in the hands of Dr. W. L. Leister, of Rogers, Ark. He is producing a very creditable journal, which represents the Eclectics of the great South-west. It is the official organ of the Arkansas and Texas Eclectic Medical Societies. Subscription price is \$1.00 per annum.

BOOK NOTICES.

KING'S AMERICAN DISPENSATORY.—New edition.

Re-written and enlarged by Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Editor Locke's *Materia Medica and Therapeutics*; President Ohio State Eclectic Medical Association, etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex President of the American Pharmaceutical Association; Author of the *Chemistry of Medicines, Drugs and Medicines of North America, Etidorbpa*, etc. Two volume edition, royal octavo, each volume containing over 950 pp. with complete indices. Cloth \$4.50 per volume post paid, sheep \$5.00 per volume post-paid. Volume I now ready. The Ohio Valley Co., Publishers, Cincinnati, O. Scudder Brothers Co., General Agents, Cincinnati, O.

We have just received a copy of the first volume of the new revised edition of King's American Dispensatory, by Felter and Lloyd, for review. We shall hardly have sufficient time to give the work an extended and critical notice in the present issue of the JOURNAL, but we wish to call attention to a few points.

This work has been entirely re-written, and is the standard dispensatory of our school. It was originally issued in 1854, and the present book is the eighteenth edition and third revision of this Dispensatory, and occupies the same position in the Eclectic school of medicine as the National and United States Dispensatories do in the regular profession. The new revision preserves the important original matter by Prof. King, found in the previous editions, which won for it international popularity. In other directions it has been revised and rearranged on every page, in conformity to the advances of our school of medicine, and contains much matter not found in other dispensatories

OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M. D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, etc. With 90 illustrations and 18 chromolithographic figures. Second edition, revised and enlarged. Published by Boericke & Tafel, Philadelphia.

This is a work of which our homeopathic friends can well be proud. The text generally is well and interestingly written, and is devoid of the theories that make so many of the text-books on the eye cumbersome. The chapters on the methods of examinations are concise, without being too much so, which is important for the novice. On refraction the rules are clear, so a person can get a good working knowledge of this important part of the work. The necessity of using mydriatics, however, is not as strongly insisted upon as is necessary, in this work.

Hygiene of the Eye.—This important branch of the subject is well handled, and the author deprecates the very general introduction of fine worsted and bead work in kindergarten teaching. The objectionable habit of forcing children to use the eyes for close work, both in the kindergarten and school, is very forcibly shown, and a plea for more outdoor exercise during the developing period insisted upon.

Chapter VI. is an innovation, in that it gives a tabulated statement of diseases in which more or less characteristic eye symptoms are present. This makes a very convenient table, and one that will often be referred to.

The ocular muscles are fully dwelt upon, and the directions for determining muscular insufficiencies is so much clearer than most writers give, that it will be comparatively easy for beginners to master the subject.

In bandaging the eyes in conjunctival and corneal troubles I can not agree with the writer, as I think many persistent cases of eye diseases are made more intractable by this method. The indiscriminate use of poultices is also, I think, bad treatment. It is so easy to tell persons to apply a poultice, and the results are often so disastrous, that in my opinion it is better to go very slow in recommending them.

I can conscientiously recommend the work to all who wish to get a modern text book on this subject as one in which he will not be disappointed, and one that it will be a pleasure to read.

The press work is fairly good, but there are many broken or faulty type, which mars the appearance of the work. The price in cloth is \$5.00 net; by mail \$5.35. Half morocco, \$6.00 net; by mail, \$6.35.

K. O. F.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M. D. Seventh edition. 700 pages, with 207 engravings, and 7 full-page plates. Cloth, \$3.75. Lea brothers & Co., Publishers, Philadelphia.

Playfair's Obstetrics is one of the few of the old works on the subject that has stood the test of time. This is largely due to the fact that new editions appeared as the needs and necessities of the times

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demanded. The work to day is authority on all matters pertaining to the subject, besides being a recognized text-book and guide to the general practitioners as well. No better proof of the popularity of the work need be offered than that it has passed through sixteen editions. With the seventh American, from the ninth English edition, the work is up to the very present, including all the improvements in aseptic and antiseptic midwifery, the various modern and recently revised surgical procedures, as well as the more recent ideas pertaining to modern detail and every particular. This work will answer well in the event of practitioners desiring to add something in addition to their text-books.

R. C. W.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M. D., of N. Y. City. In Twenty Volumes. William Wood & Co., New York. 1898. Cloth, \$5.00 per volume. Vol. XV. Infectious Diseases.

The third volume on this subject is ready for distribution. Dr. Ditmar Finkler, of Bonn, presents a 250 page article on Influenza. Since 1889, la grippe has been acclimated, so to speak, and each year sees more or less of this troublesome disease. The twentieth century readers will read the article, therefore, with great interest. The author traces its history from the first epidemic, occurring in 1873, to the present time. He treats every phase of the disease with that pains taking care that characterizes the German writers. Of the 250 pages, however, he only devotes three pages to its treatment.

"The Deadly Typhus," as it has been termed, has been assigned to Dr. Edwards Leaceago, of Mexico. The subject matter is good, and of the 70 pages, 18 are devoted to treatment.

To Drs. Kitasato and Makagawa, of Tokio, has been assigned the subject *Plague*. No better selection could have been made, since we are indebted to Dr. Kitasato for the discovery of the bacillus that figures in this dread disease. The article shows the work of a master.

Dr. Billings, of Boston, writes interestingly of Glanders and Anthrax. Foot and Mouth diseases are treated by Ismar Boas, of Berlin, but as this is rarely observed in man, it does not interest the profession as much as the other subjects of the work. The article, however, shows the author to be well versed in his subject. Actinomycosis, by Emil Ponfick, of Breslau, is of the same character. While interesting from a historical point of view, it is of little practical value.

Rabies is cared for by Dr. N. G. Kierle, of Baltimore. This is a compilation of the latest known facts of this very much dreaded and fatal disease.

The closing article, Pyæmia and Septicæmia, by Drs. J. McFadden, Sr. and Jr., of Atlanta, Ga., shows a careful study of the subject, and well deserves a place in the work. Taken as a whole, the volume is a valuable addition to the work, though not as practical as some others that have gone before.

R. L. T.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY.
By G. F. Butler, M. D. Second revised edition. 8vo., 860 pages.
Cloth \$4 net. W. B. Saunders, Publisher, Philadelphia, Pa.

The therapeutical part of the preceding edition of this work was reviewed in this JOURNAL at length by Professor Bloyer, and as a consequence needs no further attention. The pharmaceutical section of the book consists of a contribution from the pen of Prof. Carl S. N. Hallberg, Ph. G., who has handled the subject of pharmacology admirably. The reviewer recognizes the obstructions one meets when he attempts to make a condensed presentation of so great a subject, and compliments this part of the work in this book by saying that it is an excellent treatise on the subject, especially in the direction of official compounds and methods. No necessity exists for comments concerning parts that some might think require greater elaboration than Prof. Hallberg has given, and no strictures can be fairly made concerning the selections he has determined are necessary. The man who will attempt to elaborate in such a case will do so at the expense of subjects, the man who advises the addition of other features will do so at the expense of features not less important than those he introduces. Passing then to the body of the work we can report as follows:

The medical classification herein adopted (p. 26 and index) consists of classes of disease, medicines, and symptom medicines, these being divided into subsections. The chemical side of medicines is presented in a rather condensed manner, with the U. S. Pharmacopœia and the National Dispensatory as admitted guides. It is perhaps for good reasons that the author has rigidly excluded all chemical formulæ from his work. If errors occur in the chemical part they are more in the nature of omissions, which is unavoidable, when the condensing of the subject is taken into consideration. Thus, as examples of omission, page 610, the alkaloid cephælin is not included in the constituents of ipecacuanha root, and as examples of error of compilation, page 769, under mustard, the names of the decomposition products of sinalbin and sinigrin may be cited. They should be reversed. In some instances, for example, page 667, with castor oil, the constituents and their mode of action are given special consideration.

A characteristic and useful feature of the work lies in the accentuation of the names of drugs. It is to be noted, however, that the author does not always adhere to the pharmacopœial mode of pronunciation, the words *carbonas* instead of *carbonas*, *ergota* instead of *ergota*, and *camphora* instead of *camphora*, being examples. A correction should be made in the case of urethane, which is accentuated *urethane* on page 413, and *urethane* on page 422.

A feature undoubtedly convenient to many practitioners in prescription writing, is the addition of the genitive form to the name of each drug. Finally, allusion may be made to a few minor and no doubt typographical errors. For example, the following words are misspelled, and should be corrected to read as follows; *Thunbergii*, page

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EDITORIAL FROM E. M. JOURNAL.

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IN GYNÆCOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

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At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere, suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

H. W. CHALFANT, M. D., Bellfontaine, O.

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20; pavon, p. 210; karsten, p. 209; sikkim, p. 210; cevadine, p. 582; schrader, p. 691.

In conclusion, we must commend the care with which the part of this work that intrudes on the field of this reviewer has been performed. The book credits the section in medicine with which Prof. Butler affiliates.

J. U. L.

A MANUAL OF OTOTOLOGY. By Gorham Bacon, M. D., Professor of Otology in Cornell University Medical College, New York. 12mo., 400 pp., 109 engravings. Cloth, \$2 net. Lea Brothers & Co., Philadelphia.

As a manual this work is one that can be read with profit. The author is strongly inclined to place more reliance on internal medication than is the rule with most writers on this subject. The indiscriminate use of instruments is decried, and I can fully concur with him in this. Why the hypodermic should be preferred in connection with pilocarpine I cannot understand, as I have found equally as good, if not better results following the use of *sp. tr. jaborandi*.

In speaking of the influence of the tonsils on diseases of the ear, the following I think excellent advice: "*Treatment*.—I consider it advisable to try to reduce the size of the tonsils by internal medication and by local treatment, whenever practicable, before resorting to surgical interference. I think that surgeons are often inclined to operate at too early a date, and in some cases I believe that much can be accomplished without resorting to excision." This recommendation I can indorse, as I have had many cases in which I have reduced the tonsils by internal medication; however, when the tonsils are calcareous the only thing is removal so far as I have observed.

In speaking of hypertrophic rhinitis the author deprecates the tendency to operate on the cases indiscriminately. He says: "The tendency of the present day is, I think, to operate more frequently than is absolutely necessary."

In referring to diseases of the mastoid process the following will show a great advance over the treatment usually given in the text-books on the ear: "I cannot too strongly protest against the frequent use of blisters for just these conditions, a practice which is not only pernicious, but tends to aggravate the disease. Many a case of mastoid disease which has come under my care has been due to the application of a blister behind the ear for the relief of an acute otitis media."

The work is a very practical work on the subject, but I should recommend it more for collateral reading than as a text-book. Many of the operations are too complicated for the general practitioner, and should be undertaken only by persons who have made a special study of the ear. The author states that it is not best for the novice to undertake many of these operations, yet my experience is that there is no knowing what many incompetent persons will attempt to do, and then refer to such an author for an indorsement of his work.

Some of the sentences could be made much smoother than they now are, and some of the typographical errors will doubtless be eliminated in the editions to follow. Everything considered, the writer is to be congratulated on the advance he has made, and on the fearless manner in which he attacks the honored methods that have obtained for so long a time.

K. O. F.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D., F.R.C.P. Revised and enlarged by H. M. Murray, M.D., F.R.C.P., and Walton Martin, Ph. B., M.D. 8th edition, price \$2.50. Lea Brothers & Co., Philadelphia & New York.

This is the latest revision of the well known Green's Pathology. The fact that this work is the accepted Pathology in most of the medical colleges in this country and England, is sufficient commendation of its excellence. The text has been re-arranged in a manner that will be appreciated by teachers of pathology. New cuts have taken the place of those that were obscure or behind the times. The section on pathology of the nervous system has been brought up to date.

Altogether the work now leaves nothing to be desired. It is amusing, however, to notice that the colored frontispiece has been put in upside down. But perhaps this is only another indication that the theory of pathogenic bacteriology is soon to be upset.

L. W.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS. By John M. Scudder, M. D., late Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, author of the Eclectic Practice of Medicine, etc. Twelfth Edition. Cincinnati: The Scudder Brothers Company, publishers, 1898. Price \$5, sheep.

"There is very much in the writings of the late Prof. Scudder that will always interest the Homeopathic practitioner as well as instruct him. He was one of the few men who had an opinion and was not afraid to state it. Not only that, but he possessed a wonderfully accurate knowledge of drugs and an analytical mind with the result that when he wrote he expressed in a few words the clearest indications for the use of a drug. Take what he says of pulsatilla under the head of "Specific Indications," and one gathers the very gist of the therapeutic range of a remedy, and this is a fair sample of his treatment of all drugs: The patient is nervous and despondent, cries easily; the pulse is small and frequent but soft; the extremities cold; menses tardy and scanty, the patient feeling uneasy and depressed at the time; sense of fullness and weakness in back and hips at menstrual period."

Prof. Scudder gives quite a little history of the theories of medical practice, and, of course, endeavors in it to show why the Eclectic system is the crown of them all. We like his method of presenting remedies and treating of them under the class to which they belong: thus he takes up emetics, cathartics, emmenagogues, etc., and gives

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all that is known concerning the action of a drug under that heading, while if it possesses properties which class it with other drugs under a different heading, as for instance sedative, then under that heading is given its sedative effects. It is a good book to place in your working library, Doctor.—*The Medical Visitor, Chicago, (Hom.)*

THE PSYCHICAL CORRELATION of Religious Emotion and Sexual Lesion.
By James Wier, jr., M. D. Second edition. 338 pages. Price, \$2.00. Z. T. Lorrey, Owensboro, Ky.

This is a compilation of interesting essays, treating upon "Religion and Lust," "Phallic Worship," "Virginity and Effemination," "Border Lands and Crankdom," "Genius and Degeneration," "Occultism," etc. It is a delightful book, and was read with absorbing interest at one sitting. Every essay seems more interesting than the one preceding, and the reader glides from one into the next without weariness; there is no good stopping place until the end, when the reader sighs for more. While the treatise is non-medical, still it is so near professional lines that it harmonizes pleasantly with the physician's knowledge and experience. The work is recommended to those who enjoy a diverting and widening excursion into the fields of philosophy and speculation.

L. W.

THE TREATMENT OF SKIN CANCERS. By W. S. Gottheil, M. D., Professor of Dermatology in the New York School of Clinical Medicine, etc. Published by the International Journal of Surgery Co., New York. Price \$1.00.

The contents consist of chapters on the Cause of Cancer, concerning which all is theory and nothing definite; the Pathology of Cancer; the Forms and Diagnosis of Cancer of the Skin. The treatment he considers must be essentially local, as no constitutional treatment is effective. He recites the remedies that have been used. The local treatment is operative or by caustics, and he prefers the latter, excepting in certain select cases. Of the caustics, he prefers arsenic, caustic potassa, nitric or pyrogallic acid. Others are mentioned, but not recommended. There is really nothing new brought out. The author presents several successfully treated cases.

E. F.

ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS: A quiz compend of the application of Homœopathic remedies to diseased states. By W. A. Dewey, M. D., Prof. of Materia Medica in the University of Michigan Homœopathic Medical College, etc. Second edition, revised and enlarged. Cloth, pp. 288, price \$1.50, by mail \$1.59. Philadelphia, Boericke & Tafel, 1898.

This little work, arranged in question and answer form, is a guide to the chief characteristics of remedies and the special application of the latter to diseased states. The subject is clearly presented, brief and pointed. It is quite free from mention of those symptoms which have been regarded by practitioners of other faith and even by

some Homoeopaths, as visionary. The comparisons showing the differences and similarity of drug-action are useful and well presented. The book is a neatly printed, handy volume, and is especially adapted for the use of students of medicine.

H. W. T.

A TEXT BOOK ON PATHOLOGY. By Alfred Stengel, M. D., Instructor in Clinical Medicine in the University of Pennsylvania, etc. 372 illustrations, 848 pages. W. B. Saunders, Phila.

The preface says: In writing this book the author has tried to present the subject of pathology in as practical a form as possible, and always from the point of view of the clinical pathologist. Considerable parts of the book were first prepared and used as the basis of demonstrations upon clinical pathology for students of medicine. Prominence is therefore given to pathologic physiology and discussion, and citation of authorities is avoided. The work is well bound, well printed on good paper, and is a valuable contribution to the subject of pathology. It will prove of great service to the physician who is desirous of investigating pathological problems.

L. W.

AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. N. Dorland, M. D. Containing the Pronunciation and Definition of over 26,000 of the terms used in medicine and kindred sciences, with 60 tables. 16mo., 518 pp., morocco, \$1.25. W. B. Saunders, publisher, Philadelphia.

We are just in receipt of a copy of this new students' medical dictionary in pocket form. The title concisely shows the field it covers. For a neat and compact little dictionary in pocket form it is equal to any we have ever seen. The author, however, has made the usual mistake of lexicographers, as shown in his definition of Eclecticism: "A school of medicine purporting to select what is best from other schools;" and also his definition of Homeopathy: "System which professes to cure by infinitesimal doses of medicines which are capable of producing symptoms like those of the diseases treated." It shows that he is very hide bound in his medical belief, but possibly he has been misled by some of the previous definitions given in other medical dictionaries. This, however, does not affect the intrinsic value of the work.

THE CENTURY. Monthly, 35 cts. ; per annum \$4. The Century Company, New York.

The Century magazine makes the most important announcement for the coming year that it has put forth for fifteen years. It is that length of time ago that the magazine announced its "War Series," which grew into the most notable history of the Civil War that has appeared. A new war series is now promised, dealing with the recent war in the same remarkable way that gave distinction to the former series.

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SCRIBNER'S MAGAZINE. Monthly, 25 cts. ; per annum \$3. Chas. Scribner's Sons, New York.

"The Battle of San Juan," by Richard Harding Davis ; illustrated by photographs and drawings made on the scenes. "The Regulars at El Caney," by Captain Lee, British Attache ; illustrated by photographs and a map drawn by Captain Lee. "The Day of the Surrender of Santiago," by J. F. J. Archibald. "Afloat for News in War Times," by John R. Spears. "Drummed Out," by Harrison Robertson. "A New York Day," by C. D. Gibson ; "Evening" (five full-page drawings). One of the best of Scribner's many good "war numbers."

THE COSMOPOLITAN. Monthly, 10 cts., per annum \$1. The Cosmopolitan Co., Irvington, on Hudson, New York.

"The Trans-Mississippi Exposition," by Octave Thanet. "The Chicago Packing Industry," by Theodore Dreiser. "The Free Lecture System," by S. T. Willis. Six pages devoted to full-page illustrations of the reception of the American fleet. Frank R. Stockton contributes a laughable story, based upon one of the many humorous occurrences of the Spanish-American War, the taking of Guam Island. A very excellent number.

LIPPINCOTT'S MAGAZINE. Monthly, 25 cts., per annum \$3. J. B. Lippincott, Philadelphia, Penn.

"Confessions of an Aide-de-Camp," by Captain F. A. Mitchell : reminiscent of the Civil War. Articles bearing on the war : "War and Trade," by Fred Perry Powers. "Declarations of War," by Lawrence Irwell. "Military Balloons," by George J. Varney. An interesting issue.

The thirty-seventh annual publication of the Massachusetts Eclectic Medical Association, 22 pages, paper, published for the Society by Dr. Howes, Boston. This issue contains an article on Liberality by Dr. P. S. W. Geddes, and an abstract of the proceedings of the Society. Every publication is consecutively paged in order that several sets may be bound together. From the present Transactions, we notice that so far in the history of the Society 1390 pages have been printed. This makes a very creditable showing. The Massachusetts is one of the oldest and best of our Societies and has over \$1500 cash in the treasury, and in this respect it is to be commended. As a general rule medical societies are financially embarrassed.

We have received an interesting folder, issued by the Chicago, Milwaukee & St. Paul R. R., giving a direct route to San Francisco and steamer to the Hawaiian group of Islands, with interesting illustrations. It will be sent on receipt of 4 cts. in stamps, on application to Mr. Robert C. Jones, Room 40, Carew building, Cincinnati.

COLLEGE AND SOCIETY NOTICES.

The Eclectic Medical Round Table met at Dr. L. S. Riggs' office, in Wheeling, W. Va., September 1st. The Society, which is composed of physicians from West Virginia and Ohio, is a new one. This last meeting was the first to be held in this city and the third session since organization. Quite an interesting program, consisting of papers on subjects regarding the profession, discussions and the demonstration of clinics was successfully carried out. Meetings will be held on the first Thursday in January, March, July, September and November. The officers present were as follows: Dr. G. H. Kemp, of Barnesville, O., President; Dr. Mary (Baron) Monroe, of Wheeling, West Virginia, first Vice-President; Dr. J. M. Hensley, of Martin's Ferry, O., second Vice president; Dr. J. J. Burton, of Martin's Ferry, O., Recording Secretary; Dr. L. S. Riggs, of Wheeling, W. Va., Corresponding Secretary; Dr. J. A. Monroe, of West Alexandria, Pa., Treasurer. The officers named above constitute the Executive Committee. Committee on Credentials: Dr. J. A. Monroe, of West Alexandria, Pa.; Dr. A. G. Lazear, of Brilliant, O.; Dr. J. M. Hensley, of Martin's Ferry, O. Finance Committee: Dr. J. R. Manley, of Wheeling, W. Va.; Dr. H. W. Lindsey, of Sewellsville, O.; Dr. N. D. Jobes, of Wheeling, W. Va.

A number of the Eclectic physicians of Brown, Clermont, Warren, Clinton and Highland counties, Ohio, met at Blanchester, on October 1st, and organized the South-western Ohio Eclectic Medical Association. The meeting was well attended, and much enthusiasm was manifested. The following officers were elected: President, Dr. J. W. Trout, Feesburg; Vice President, Dr. W. K. Ruble, Martinsville; Secretary, Dr. J. H. Norman, Blanchester; Cor. Secretary, Dr. J. D. Smith, Pleasant Plain; Treasurer, Dr. C. A. Stout, New Vienna. Next meeting at Blanchester, second Wednesday in May, 1899.

KENTUCKY ECLECTIC MEDICAL ASSOCIATION.—The next meeting, which was to have been held at Bowling Green, in November, has been deferred by the officers until next spring, May 30 and 31, 1899, at which time it is hoped they will be able to secure a large attendance. Those who intend preparing papers should promptly notify the Secretary, Dr. W. R. Ruble of Bowling Green, of the subject of their paper, in order that the work on arranging the program may not be delayed.

PERSONALS.

Eben B. Shewman, M.D., E. M. I. '98, is nicely located at Waymansville, Ind., and is doing well. He can locate a good man at Free-

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Pregnancy, or Scarlet Fever.**

DR. WM. H. DRUMMOND,

Professor of Medical Jurisprudence, Bishop's University, Montreal, Canada:—"In the Acute and Chronic Nephritis of Gouty and Rheumatic origin, as well as in the graver Albuminuria of Pregnancy, I have found Buffalo Lithia Water to act as a veritable antidote, and I know of no other agent possessing this quality.

DR. G. A. FOOTE,

of Warrenton, N. C., ex-President State Medical Society:—"In Bright's Disease of the Kidneys I have, in many cases, noted the disappearance of Albuminuria and Casts under the action of Buffalo Lithia Water, which I regard as the most efficacious of known remedies in this distressing malady, so difficult of successful treatment. I have also witnessed excellent results from this Water in Albuminuria of Pregnancy, and it is my habit to prescribe its free use in every case of pregnancy under my care, certainly after the sixth month, and I have yet to see any untoward result where my directions were obeyed. That the Water is a preventative of and antidotal to the causes producing nausea, headache and Puerperal Convulsions, in my opinion, admits of no question."

DR. WM. A. HAMMOND,

Surgeon-General (retired) U. S. Army: "I have used Buffalo Lithia Water in the Albuminuria of Pregnancy with remarkable effect. When taken in large quantities its influence in such cases is unmistakably beneficial. In one case of Puerperal Mania it was a powerful adjunct to the other means used to effect a cure. As a preventative of Puerperal Convulsions and Puerperal Mania I regard the Buffalo Lithia Water as most valuable. It should, with this view, form the constant beverage of pregnant women in the place of ordinary water. I have had considerable experience with this water in the treatment of Bright's Disease. I have witnessed the albuminuria of this affection, and also casts of the renal vessels, disappear on the use of the Water, and this not only in a single case, but in several of which I have full notes. It must in these cases also be taken in large quantities, and its use continued for a considerable time."

DR. J. T. DAVIDSON,

New Orleans, La., ex-President New Orleans Surgical and Medical Association, says: "I have for several years prescribed Buffalo Lithia Water in all cases of Scarlet Fever, directing it to be drunk ad libitum, with the effect of relieving all traces of albumen in the urine, and have found it equally efficacious in renal diseases requiring the use of alkaline water."

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town, Ind., which has a population of 300, situated on the Indiana Southern Railroad, good surrounding country. Write him for particulars, enclosing stamp.

Location for a physician in a new and growing town in Nebraska. An active young Eclectic would do well there from the start. For particulars address Frank A. Johnson, Wellfleet, Neb.

Drs. Weirick and Fulkerson now constitute a bustling firm of oculists and aurists at Hastings, Neb.

Location, in Mercer County, Ohio, beautiful country of 1500 inhabitants, good surrounding country. For particulars address, with stamp, Dr. J. W. Kannel, Rockford, Ohio.

Location. Good country location at Seveille, Medina County, O. One physician who had the leading practice, lately deceased. For particulars address, with stamp, Dr. D. T. Hollingworth, Creston, O.

Location. Good country location near Woodstock, Ky. For particulars address, with stamp, Dr. G. W. Isaacs, Woodstock, Ky.

WANTED—An active Eclectic who also had some experience in a drug store to locate in a good town in Idaho. No drug store or physician nearer than 45 miles. For particulars address Mr. J. P. Stevenson, Hagerman, Idaho.

MARRIED, at Payson, Utah, Dr. Chas. L. Olsen, E. M. I. '98, to Miss Pauline Reinz. The JOURNAL offers its congratulations.

MARRIED, at West Alexander, Pa., Dr. J. W. White, E. M. I. '98, to Miss Anna Buchanan. The JOURNAL offers its congratulations to the new couple.

FOR SALE—Property and practice in a city of 11,000 inhabitants, in South-west Mo. Most desirable city for a home to be found. Address, with stamp, Geo. D. Coe, M. D., Carthage, Missouri.

READING NOTICES.

The new antiseptic treatment for fevers and other zymotic diseases, *Viskolein*, has been purchased by the Viskolein Company, 5 Beaver Street, New York City.

Viskolein will undoubtedly abort fevers if its use is begun in the early stages of the disease and will modify it in every case. The Viskolein treatment consists of three forms, numbered one, two and three. No. 1, (tablets), antipyretic, to be prescribed only when the temperature runs too high. No. 2, (capsules), the antiseptic proper, and No. 3, (solution), a solution of the powder No. 2 for subcutaneous administration. Of the hypodermatic feature the *Denver Medical Times* says, editorially: "The subcutaneous method is rather a novel feature in antiseptic medication and there is much to be said in its favor."

The price of the treatment complete is \$3.00. The proprietors will send full information on application.

Bent Creek, Appomattox Co., Va., August 31. 1898.

Battle & Co., Gentlemen :—Enclosed find 25 cts. in stamps. Please send me sample bottle, 12 ounce, of your "Ecthol" and oblige,

E. S. VAWTER, M. D.

P. S. I am well acquainted with your preparations, papine, bromidia and iodia. I would recommend them to all physicians not acquainted with their potency.

A highly efficient combination for the treatment of feebleness and loss of weight dependent on exhausting chronic diseases and retarding convalescence, will be found in Gray's Glycerine Tonic Comp., Formula Dr. John P. Gray. In the loss of flesh caused by too rapid growth in youth, the waning nutrition of advancing age, and often in tuberculous cases, good results may be depended upon. Weakly children soon show its beneficial effects, and for debilitated women it is unsurpassed.

INTESTINAL ANTISEPSIS IN FEVERS.—Though the typhoid, malaria and yellow fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true that the *materies morbi* of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "Antikamnia and Salol Tablets," each tablet containing $2\frac{1}{2}$ grains antikamnia and $2\frac{1}{2}$ grains salol. The average adult dose is two tablets. Always crush tablets before administering as it assures more rapid assimilation.

To obtain exact, uniform and safe results from thyroid treatment, iodothyrene will be found far preferable to the thyroid extracts in the market, since, unlike them, it contains no decomposing albuminous material, and the proportion of the active ingredient is unvariable. It has been found to act both promptly and efficiently in cases of obesity, goitre and diseases of the skin, and as the physician has to deal with a substance of definite composition, he is enabled to control its effect, so as to avoid any unpleasant or injurious results.

We are in receipt of a copy of H. K. Mulford Co's new Price List of pharmaceutic and biologic products. It is thoroughly revised and enlarged to 228 pages, by the addition of new and enlarged sections. The catalogue is attractive in style and a compendium of valuable information. Among other new and interesting additions we note a list of standard ointments, soluble elastic capsules, and granular effervescent salts. The nomenclature of their diphtheria antitoxin has been materially changed—a fact which will be appreciated by the friends of this product.

ORIGINAL COMMUNICATIONS.

ENDOCARDITIS.

By Prof. R. L. Thomas, A. D., Cincinnati.

DEFINITION.—Inflammation of the lining membrane of the heart.

VARIETIES.—There are two varieties of endocarditis, acute and chronic; the former being divided into (a) acute proper; (b) ulcerative; and (c), malignant.

PATHOLOGY.—*Acute Proper.*—The morbid changes are, first, a reddened and injected appearance of the endothelium, which soon becomes opaque and swollen from the congestion of the small blood-vessels. This swelling or thickening of the membrane furnishes a favorable resting place for deposits of fibrin, and we have small beady deposits from the size of a pin-point to that of a pea, or even larger. These small beady excrescences may become detached, and floating off in the general current, give rise to embolism in distant parts, viz: the brain, kidneys, or spleen, and as a result of this, we may have hemorrhagic infarction of these organs. The inflammation is mostly confined to the valves, the mitral valve being far more frequently involved, the aortic following next. Osler gives an estimate of the frequency with which, in 187 cases, different parts of the heart are affected, as follows: aortic valves, 53; mitral valves, 77; bicuspid, 19; the pulmonary, 15; and the heart walls, 33.

The left heart is most constantly affected in the adult; the right heart in foetal endo-carditis; the reason being given by Anders, that before birth the right side, and after birth the left side, is the most active, and that the active side is apt to suffer on account of higher pressure.

The inflammation may not be confined to the valves, but include the endothelial lining of the cavities, and also the chordæ tendineæ. When resolution takes place, the excrescences are gradually absorbed, though there is apt to remain some thickening of the tissue. As a result of the inflammatory process, there is nearly always more or less myocarditis, and in severer cases the pericardium will share in the general ravages.

Ulcerative Endocarditis.—As in the form just described, the valves are first involved, but as the ulcerative process extends, the entire membrane may become involved. The vegetative excrescences are the seat of the perforation. They become yellow, soft, and finally may break down, forming abscesses. The ulceration may pass deeper than the membrane, even to suppuration. The softened vegetative deposits may be washed into the current as in the acute form, with the same results, the infarction being in the spleen, kidneys, and brain, if the ulceration be of the left heart, but if the ulceration be of the right heart, the infarction will be in the lung.

Malignant Endocarditis.—This form gives rise to the same condition as the ulcerative form, with the same results.

ETIOLOGY.—Endocarditis is rarely, if ever, a primary affection, and where there is apparently no primary lesion to account for it, there is, in all probability, an acid or toxin that has not given rise to any marked lesion, yet has existed in latent form. Rheumatism stands first as a causative agency. Pepper says it is the cause in from sixty to eighty-five per cent. Pneumonia is also a fruitful source of this affection; so is Bright's disease, and the infectious diseases, scarlatina especially, but in measles, diphtheria, and typhoid fever, endocarditis is rare. Chorea, if of a severe type, has also been found to precede this affection. Keller, Stengler and Megheim each records gonorrhea as an important factor in producing endocarditis, though this and the septic fevers are more likely to result in the ulcerative or malignant forms.

Perhaps in the whole range of heart affections there are few as well defined subjective symptoms present as in endocarditis. The disease comes on so insidiously that its presence is confirmed before it is recognized, or possibly never is known unless determined by an autopsy.

The symptoms commonly given—pain in precordial region, extending from left nipple to the back and down the left arm, palpitation and dyspnoea—may occur in pericarditis or myocarditis, or may be entirely absent. However, if the patient is suffering from rheumatism, and there is an increase in fever, rapid pulse, increase of temperature, pain in region of heart with dyspnoea, a careful examination must be at once made for the characteristic bellows murmur. In the more aggravated cases, the patient will lie on the back or incline to the left side. There will be distension of the veins of the neck, with marked cyanosis.

In the ulcerative form, the additional symptoms will be those peculiar to systemic infection. At the onset there will often be rigors, followed by an irregular fever. Nausea and vomiting, with pain of a wandering character, are frequent accompaniments. If emboli are present, the symptoms will locate the lesion. Thus, if pain is experienced in the lumbar region, with scanty urine, containing blood or albumin, it is of the kidney. If the pain is in the left hypochondrium, with swelling, it is of the spleen; while the cerebral lesion will be recognized by palsy, loss of consciousness, or other cerebral disturbance.

PHYSICAL SIGNS.—*Inspection.*—We find the patient lying on his back, or inclined to the left side. In several forms there will be fullness of cervical veins, with a general cyanotic appearance. The apex beat may be visibly increased, though generally normal. Palpation may reach a systolic thrill. Percussion gives negative results in a large per cent. of cases, but if complicated by myocarditis, with dilatation, the area of dullness will be increased. Auscultation gives us the most positive information in the blowing systolic murmur, telling us of mitral insufficiency. There may be aortic murmurs accompanying this, or a double systolic murmur over the tricuspid valves. We are to remember, however, that these adventitious sounds may be heard in other affections of the heart, or they may be so feeble as not to be recognized at all.

DIAGNOSIS.—This is a disease that is very apt to be overlooked, unless the more pronounced symptoms be present, namely, rapidity and irregularity of the heart-beat, distress in precordial region and dyspnoea, with mitral murmur. It is important, therefore, in all cases of acute rheumatism and the infectious diseases, to make a thorough physical examination of the chest daily. If the murmur is soft and over the base of the heart, it is most likely due to anæmia or to functional derangements, but if it be over the apex, and is the mitral systolic murmur, the diagnosis is quite conclusive.

To distinguish the ulcerative from the malignant is often impossible, though the aggravated symptoms attending both forms enable us to recognize them from the acute complication, myocarditis.

PROGNOSIS.—If no complications exist, endocarditis rarely proves fatal at the time, though it is often the beginning of permanent lesions of the valves. If the primary lesion is grave, the prognosis must be guarded, or if complicated with myocarditis or pericarditis, it will result unfavorably.

TREATMENT.—In the treatment of this affection great care must be taken to secure rest and quiet. The patient should be placed between blankets, and all company, or anything that would tend to excite the patient, must be forbidden. For the excitation of the heart in the early stage, we use the direct sedative—aconite for the small, frequent pulse, or veratrum if the pulse be full and strong. For the dyspnoea lobelia is one of our best remedies—ten to twenty drops to water four

ounces. For the pain, if there is muscular soreness, use *macrotys*, one-half drachm to four ounces. If the pain is sharp and lancinating, simulating pleurisy, *bryonia* is the better agent—ten drops to water four ounces. If there be a puffiness of the face, swelling of the joints with pericardial effusion, *apocynum* is to be given. When the heart becomes weak, *cactus*, *digitalis*, *convallaria*, or *strophanthus*, may be given. *Spigelia* is highly recommended by the homeopaths. When the heart flags, alcoholic stimulants are to be freely given, also nitro-glycerine and strychnine. Iodide of potassium has long been given for its supposed influence in producing absorption of the vegetative growths, but its beneficial effects have been largely magnified. In the ulcerative or malignant form, the cause of the sepsis *must not be overlooked*, for if the source of the stream be poisoned, the body to which it flows must certainly partake of its character. The heart may be poisoned by an old metritis or gonorrhea, or a foul ulcerative condition of the rectum; or there may be sepsis from some bone lesions or tuberculosis in its many forms. These wrongs *must be corrected*, and to overlook them is to court defeat.

The source of infection must be removed. The various antizymotics will then be indicated. *Echinacea* one drachm to water four ounces, or *baptisia*, or it may be the mineral acids, will be called for; if the tongue be red and dry, the latter would be specific. The chlorates would take the place of acids if there was a coated tongue or fetid breath, or the sulphites if the tongue be coated with a moist dirty coating.

The diet should be nutritious and easily digested. The secretions from the skin, kidneys and bowels, are to be carefully looked after, in the hope of removing the waste of the tissues and preventing the toxins from further infecting the system. During convalescence, and for a long time after, the patient should take great precaution against taking cold. Recurring endocarditis is of frequent occurrence.

RAFINESQUE AND REFORMED MEDICINE.

By Alexander Wilder, M. D., Newark, N. J.

AMONG the most distinguished teachers and writers on medical botany in the earlier years of the American republic were John Torrey, of the University of the City of New York; Dr. Short, of Transylvania University; Steven Elliott, of Charleston; Louis Beck, and William Tully, of Albany. Others, also, wrote works of merit. Wm. Barton, of Philadelphia, described fifty plants, and Jacob Bigelow, of Boston, treated of sixty, giving illustrations.

These writers had been preceded by Samuel Henry, who issued a *Medical World* in 1814, containing an account of some one hundred and sixty medicinal plants. His book had a large sale, showing a deep interest among the people for a vegetable therapy. But it contained no scientific classification, and had other important defects. It

has been a cause for profound regret and humiliation, that so few practitioners, even among those who profess to belong to a school of botanic medicine, have been disposed to acquire any thorough or even any considerable knowledge of scientific botany. This is a serious impediment, and was one that prevented it from obtaining its just place in American medicine. Book-learning, it must be acknowledged, can not make a competent physician ; but the conscientious physician is vividly awake to the fact that he has no right to be content without knowing all that may be learned to promote his intelligence and efficiency in his calling.

Constantine Rafinesque was the first man since our national independence to attempt any approximation to thoroughness in the study of natural history in America. (Prof. Schoepf, of the University of Erlanger, published a little treatise in 1787, entitled *Materia Medica of North America*. He named about 360 medicinal plants. It was never translated.) Rafinesque was the son of a French resident at Galatea, a suburb of Constantinople, where he was born in 1784. He came to Philadelphia, and there prosecuted his studies in the natural history of the country with such facilities as he could obtain. Returning to Europe, he spent some years in Sicily, and became the author of several works in the French language. He came again to this country in 1815, but had the misfortune to be shipwrecked off the eastern shore of Long Island, losing all his books, manuscripts, and other property. He thus came penniless, but by no means disheartened. He made a journey, soon afterward, into the several States west of the Alleghenies and south of the Ohio, which then constituted "the Great West."

In 1817 he was appointed to the chair of Botany in Transylvania University, and several years afterward he returned to Philadelphia, where he remained until his death in 1841.

He was from boyhood a zealous student of natural science. He observed closely, and made deductions with rare accuracy. His work on the Natural History of the Ohio Valley was of unequalled merit at that time. He was described by a Professor at Harvard, Dr. Asa Gray, I think, as "one of the geniuses that occasionally appear to puzzle people of steady habits." He was outspoken in his opinions, indefatigable as an explorer and investigator, and possessed of remarkable originality.

He spent a long time in the several districts in the valley of the Mississippi, and was a careful observer of the native people then occupying those regions, the Choctaws, Chicasaws, and Cherokees of the South, and also the tribes living north of the Ohio river. He was diligent to learn their procedures with the sick, and the remedies which they employed. His impressions in favor of a vegetable materia medica, and of a reformed practice of medicine in accordance with it, were thus deepened into convictions, which he recorded in no equivocal language in his Manual of Medical Botany. He declared with-

out qualification that "the popular belief that every country produces simples* suitable to cure their prevailing local diseases is not devoid of truth." He also declared that "there are many ways of effecting cures by equivalent remedies, but vegetable substances afford the mildest, most efficient, and most congenial to the human frame."

It may be superfluous to add that Rafinesque was generally discredited while he lived. Perhaps the fact of his foreign birth had some influence to produce this. But scientific men by profession are as jealous of rivals and as unjust as any class. Like political leaders, they consider the new man is likely to be a formidable rival. Their favorite way for disposing of him is to smother his influence by ignoring his meritorious achievements.

Rafinesque was keenly sensitive to the treatment which he received, and in the caption or motto of his treatise *On the Fishes of the River Ohio*, he indicated his unfriendly emulators in the following terms:

"The art of seeing well, of noticing and distinguishing with accuracy the objects which he perceives, is a high faculty of the mind, unfolded in a few individuals and despised by those who neither acquire it nor appreciate its value."

His work on medical botany was published in 1822. The following is a copy of the title page:

"MEDICAL FLORA; a Manual of Medical Botany of the United States of North America. Containing a selection of above 100 figures† and descriptions of medical plants, with their names, localities, properties, history, etc., and notes or remarks on nearly 500 equivalent substitutes. In two volumes. By C. S. Rafinesque, A. M., Ph. D. Philadelphia, 1828-30."

This work, on its appearance, was treated with a neglect almost supercilious. Its learning and accuracy were indisputable, but few were equal to matters of so much erudition. At that time, also, the Linnæan system of classification was in full favor, and he had the temerity to propose a natural method which presented no attraction for superficial scholars. He was thus at odds with the received science of his time, and suffered accordingly the fate of those who are thus in the advance.

At a later period, however, he received the meed of honor. The first to acknowledge his merits were the Professors of Harvard University. Louis Agassiz, himself also of foreign birth, paid him this tribute:

"Both in Europe and America he has anticipated most of his contemporaries in the discovery of new genera and species in those departments of science which he cultivated most perseveringly; and it is but justice to restore them to him whenever it can be done."

*"Simples" seems to be the term in vogue to signify vegetable remedies. Perhaps this is analogous to the practice of medical writers who dodge the naming of Eclectic practice by saying "domestic."

†The illustrations were very accurate and beautiful. The cuts were purchased in 1840, and reproduced by Dr. Thomas Cooke in the *Botanical Medical Reformer*, and again by Dr. Wooster Beach in his work on the *American Practice of Medicine*.

Prof. Asa Gray accordingly followed this suggestion of his great colleague, and included in his *Manual of Botany* thirteen of the genera, eight sub-genera, and sixteen species of the plants which Rafinesque had described. The sage had died neglected, and then had his monument.

Rafinesque did not belong to the medical profession, as it is technically defined. Being of European birth and education, he naturally conformed in the matter to the usage of the old world; yet there was little impediment, if he had cared to adopt the calling in America. Indeed he had a low opinion of the medical attainments of physicians, and a worse one of their remedies. Having an attack of measles, he did not scruple to declare, after having been dosed with antimony and opium, that he had recovered in spite of the treatment. When he published his work on the Medical Flora he made use of the following language:

"It is therefore necessary to spread correct medical knowledge. The state of medical knowledge is such in the United States as to require a greater diffusion of acquired knowledge, aided by freedom of inquiry, liberal views, and mutual forbearance."

He described the several classes that were engaged in the practice of medicine:

"20. The practice of medicine is now exercised by three sets of men or classes of practitioners: 1, the Rationals; 2, the Theorists; 3, the Empirics.

"21. The *Rational* medical men are liberal and modest, learned and well informed, neither intolerant nor deceitful, and ready to learn or impart information. They comprise the Improvers, Eclectics, and Experimentalists.

"22. The *Improvers* study nature and the human frame, write their observations, and improve medical knowledge.

"23. The *Eclectics* are those who subject and adopt in practice whatever is found beneficial, and who change their prescriptions according to emergencies, circumstances, and acquired knowledge.

"24. While the *Experimentalists* are those who are directed by experience and experiments, observations, dissections and facts.

"25. But *Theorists* are often intolerant, proud and conceited. They follow a peculiar theory, and mode of practice, with little direction, employing but few vegetable remedies, and enlisting under the banner of a teacher or sect."†

"26. They are divided into many sects, always at war among themselves and with their rivals, such as the Brunoists, Galenists, Mesmerians, Skeptics, Chemicalists, Calomelists, Entomists, etc.

"27. The *Empirics* are commonly illiterate, ignorant, deceitful, and reserved; they follow a secret or absurd mode of practice, or deal in patent remedies.

"28. They include the *Herbalists*, vulgarly called the Indian or root doctors, and the steam doctors who follow the old practice of the

† It is common for the practitioners here described to deny being a "sect," and they assiduously, in their publications style themselves "the medical profession," thus meaning to be understood that other physicians do not belong to that profession. In the same way and the same spirit, certain religious bodies style their particular communion "the church," and call other similar organizations "sects."

natives, the quacks, or dealers in nostrums, the patent doctors, the prescribers of recipes, the morabata, etc."

Here we find the term "*Eclectic*" first used to designate a school or class of practitioners in the nineteenth century, and the definition, as here given, is sufficiently full and explicit to describe the physicians who afterward adopted the appellation. Prof. Waterbrass, of

1

Your Friend
C. S. Rafinesque.

the Harvard Medical School, once addressed Samuel Thomson as "my sagacious, industrious, and much respected empiric or *Eclectic*." Some years later, Dr. Isaac J. Sperry, of Connecticut, in a discussion with Dr. Wooster Beach, applied the term disdainfully to him, and Dr. Beach at once accepted it heartily. In 1841 there was an attempt to adopt it in Philadelphia, evidently from the influence of Rafinesque.

* Reproduced from Call's *Life of Rafinesque* by special permission of the publishers, John P. Morton & Co., Louisville, Ky.

The purpose as well as the trend of the work of Rafinesque, was to regenerate the art of medicine in his adopted country, so that it might be an art of healing as well as an exercise of the mental faculties. He had witnessed its numerous failures, and believed them to be the result of obnoxious medication, superadded to the ignorance of the prescribers. He sought to remedy this by bringing into notice the indigenous medicinal plants of the United States, explaining their technical classification in simple language, and setting forth definitely their specific virtues.

He performed an infinite amount of labor to collect his material. He made journeys over fourteen out of the twenty-four States then comprising the American Union, accomplishing over eight thousand miles of actual travel. He laid all under contribution, holding a voluminous correspondence with leading botanists and physicians, and never hesitating to seek from the illiterate the results of their experience. He never despised knowledge because it came from an uncouth mouth. It was his purpose to make botanical learning accessible to all, and he sought to gather up from all. He tested his peculiar facts on himself and others. In this way he employed fifteen years before giving to the public the result of his labors.

"Every medicinal plant" was described by him as "a compound medicine prepared by the hands of Nature in the most suitable form for exhibition and efficacy in suitable cases." By no means, however, did he approve of the practice of separating the medicinal principles by chemical manipulation. "The active principles of medical plants may be obtained in a concentrated form by chemical manipulation," he remarks, adding, "and their effects are then stronger and quicker, but less congenial to the human frame than in their pristine condition."

Rafinesque likewise took a position very decided against the extreme notions of polypharmacy which were current, and he inveighed forcibly against the practice of jumbling scores of ingredients into a single formula. While he inculcated that all vegetable substances are compounds, and that it is proper to combine several medicinal agents in prescriptions, he insisted that they should be compatible, and in accordance with the same principle as Nature herself enforced.

The following sentences contain the substance of his views upon the matter :

There are several modes of effecting cures by equivalent remedies ; but vegetable remedies afford the mildest, most efficacious, and most congenial to the human frame.

Few plants possess only a single property, but many are commonly blended together in the same plant.

Different parts of a plant may have separate qualities and properties.

Medical substances becoming more powerful by admixture, those which enter by vital action into the organs of plants are rendered powerful by intimate combination. By combining several medical plants in prescriptions their effect is increased.

Nauseous or noxious plants may be rendered grateful and available by combination with others of a different character.

But all combinations must either coincide or correct each other, or else they are superfluous and useless.

When too many substances are mingled, or several that do not coincide, they often impair one another.

The combining of substances which exert a chemical action on each other, must be avoided, unless a peculiar medical result is required.

Having brought his work to a close, Rafinesque laid it down as an offering upon the altar, trusting that in due time it would be found acceptable. "If this labor," said he, "may suit all classes of readers, and all who employ medical plants, the wishes and objects of its author will be fulfilled."

He did not succeed in bringing over the leading physicians to his views, nor in persuading them to drop the current methods of Brown, Cullen, and Boerhaave. He had too sharply indicated the shortcomings of medical practitioners for his views to meet their ready acceptance. Hence his words fell on unwilling ears, and were as an unknown language. They long proved as seed sown by the wayside, among thorns, and on the surface of naked rocks. He had been impatient of the illiteracy exhibited by earlier writers and practitioners of herbal medicine, and had expressed his feelings with much warmth. Yet it was among them that he was to find the first good ground for his sowing, with promise of an abundant fruitage. He also discovered that many of whom he had spoken with harshness were really intelligent and eagerly desired a broader knowledge and a more general scholarship.

He gladly cultivated the friendship of the more intelligent pioneers of the Reformed school of medicine, and employed their treatment and procedures. When Dr. Beach published his great work, he gave him the following testimonial:

"January 26, 1840. I must now state again, that I think highly of your medical work. I belong, like yourself, to the Reformed practice of medicine, and agree with you much better than with the Thomsonian, Homeopathic, or Botanical empirics. Your system is a good one. If not perfect, it is better at any rate, than most of our fashionable systems—Galenian, Brunonian, or mineral. Your system of surgery appears both benign and safe, and much better than the old butchering system.
C. S. RAFINESQUE."

Thus did he hail the dawning of the new school of medicine. He believed it to be the precursor of greater intelligence among the people, and of broader views among jurists and legislators in regard to personal rights and constitutional liberty. He had desired to see this day, and believing that he saw it, was glad.

A few months later, on the tenth of September, 1841, he passed from among the living. His scientific works were collected and pub-

lished in 1884. The justice which he had not received in his lifetime was thus awarded forty years after his death.

Such was the career of the man who, alone and without sympathizers, achieved a work in medical science which made for Reformed medicine a firm scientific foundation. "Get one hero," says Daniel A. Wasson, "and you get a thousand."

BRIGHT'S DISEASE.

By W. A. Gabbert, M. D., Trilla, Ill.

DESQUAMATIVE nephritis, as every physician and even the laity know, is a serious malady, and when fully established, is a cause for much alarm to the patient and his friends. When we consider the anatomy and physiology of the renal organs, and the pathological conditions which characterize Bright's disease, there is no wonder at all at the final result in a very large per cent. of the cases. After the disease has been detected, there is such a small per cent. of the cases recover, that we almost despair of attempting to treat it with any prospect of effecting complete relief. The kidney, more than any other organ of the body, serves as a depurator. Lessen this function by any disturbing agency whatever, and the waste of the body that usually finds its way out through this channel, is retained in the blood, obstructing the circulation and disturbing the processes of life in general.

As the abnormal conditions of the renal organs advance and increase, the destruction of the uriniferous tubes, malpighian bodies, small blood-vessels and capillaries, is more extensive and profound. When this pathological state has reached a stage in its progress where the secreting power of the kidney is seriously impaired, the disease is well advanced and beyond the reach of the physician. The most he can do is only palliative. He may prolong life in a small per cent. of the cases. As time goes on the destruction of renal tissue extends, and by-and-by the unfortunate patient succumbs and dies from exhaustion and uremic poisoning.

If the patient is full-blooded, active and strong, and eats well, and in addition to all this, drinks pretty freely of spirituous and malt liquors, the destruction of the renal tissues will be rapid, and he will go down in an incredibly short time. Indeed, before he is aware of anything wrong with his kidneys of a serious nature, his attention is called to a slight swelling of his feet and legs, with an indisposed feeling at times. He does not attend to his work or business with as much comfort and ease as he had previously done. These conditions are very often neglected by the patient, and passed over lightly for a time at least. The physician, when called upon, does not always lay as much stress upon such cases as he should. We are prone to neglect many manifestations of disease in its incipency, which are often the forerunners of grave and serious maladies, until we have sinned

away the day of grace. An investigation reveals the fact, in this case, that we have an incurable case of kidney disease upon our hands. We find in a few weeks or months a large majority of these cases die. In such cases the kidneys are overworked, as the flow of blood to them is excessive, and the amount of excrementitious material which must be thrown off to keep the system depurated, is more than feeble and diseased organs can endure without feeling the strain upon them. While upon the other hand, if the patient is thin, with but little blood and a poor appetite and a total abstainer from all narcotics, including alcoholic drinks, he has a much better opportunity to live for perhaps several years. Although his existence may be feeble, and his life at times somewhat miserable, his kidneys, as in the former case, do not wear out nearly so rapidly, as they are not taxed to their utmost capacity.

The causes which enter into Bright's disease are at least of interest, inasmuch as they may enable the physician to pass a correct opinion upon the probable duration of the case, and the likelihood of receiving any benefit from treatment. They may even be a feeble guide to a favorable medication. These causes are many, some of which may inhere in the individual, while others are of an external source or both.

If a child has feeble vitality transmitted to it from any cause whatever, and has not the power to transform nutrient substance into healthy tissues, these defects may manifest themselves in the cell formation of the uriniferous tubes in early life. The function of the kidney is feebly performed, and the result, in the course of time, is disease of the uriniferous tubes, and the blood-vessels and nerves likewise become affected. At a remarkably early age, the convoluted portion of the tubes of the kidney become choked up with illy formed cells and excrementitious material which has failed to be washed down through the tubes into the calyx. This in turn serves to further check secretion. As this goes on from time to time, the walls of the tubes, the minute blood-vessels and capillaries become congested.

We must remember that the alteration in caliber of the small arteries of the kidneys are determined by the amount of muscular tissue they contain. It is through the influence of the nerves that the degree of contraction is maintained in the muscular fiber cells of the arteries. This regulates the flow of blood as it passes through the vessels. By the contraction of the vessels or small arteries of the kidneys, any increased force of the heart's action is prevented from being felt in the capillaries which are distributed to the malpighian bodies and uriniferous tubes. This to some extent governs the rate of blood flow of a healthy kidney. When a pathological condition exists in the kidney, or any where in the nervous system, it may be in the peripheral nerves or nerve centers, or it may exist in the blood that produces such a condition in the circulation, the function of the kidney is modified, and if long continued will cause degeneration of the renal tissues.

It may be interesting to state that minute nerve fibers are to be seen distributed to every part of the uriniferous tubes, the malpighian bodies, capillaries, and small blood-vessels; that these nerve fibers are all connected with nerve ganglion cells, and that the various ganglion cells are united by nerve fibers. "My specimens," says Lionel Beale, "positively demonstrate that to the convoluted portion of the uriniferous tubes, to the intertubular capillaries, and to the capillaries of the malpighian bodies nerve fibres are distributed. They of course also exist in considerable numbers. * * These anatomical researches must necessarily lead to important changes taking place in the kidneys in health, and in the pathological phenomena occurring in disease."

If the capillaries of the malpighian bodies and convoluted portion of the uriniferous tubes become dilated because the vaso-motor nerves fail to contract the small arteries of the kidneys, allowing too much heart pressure to reach them, they become distended and attenuated to such a degree that the constituents of the blood pass through the thin walls and escape into the tubes with the watery elements. This is one source of albumin in the urine. This is also a source of the coloring element in the blood, urohæmatine, which is so insidious in its nature that it is frequently overlooked by the physician, the effects being attributed to some other cause. These diseased vessels are unable to supply freshly oxidized blood to the uriniferous tubes in sufficient quantity, and to the other renal tissues, to guarantee healthy nutrition and functional activity. The cause of this is to be seen in the sematic state, which often arises in a constitutional defect, and only needs an exciting cause of some character to ignite the fuel.

Another of the disturbances is to be seen in the thickened walls of the uriniferous tubes, encroaching upon the nerve fibers, small blood-vessels and capillaries, interrupting the distribution of nerve force to the blood-vessels and tubes, and retarding the circulation, or perhaps choking it altogether in sections of the kidneys which are diseased; or else the size of the lumen of the convoluted portion of the tubes is lessened from the thickening of the walls until scarcely any urine can pass along the channel. Either of these pathological conditions will diminish the amount of urine secreted in a given time, and cause albumin to appear, often in large quantities. If this congestion remains any length of time, or is a result of a change in nerve ganglia, or that of nerve centers, or that of defective formative force in cell-growths, a destructive process will soon set up in the renal tissues, manifesting itself in that dreaded disease, desquamative nephritis.

Where the cause is congenital, as we would say hereditary, there are generally other pathological states co-existing with those of the kidneys, which often attract as much attention and call for effective treatment. In many of these cases the primary cause of the kidney trouble may lead to the other abnormal conditions. In all such cases there are absolutely no known remedies or methods of treatment

which will be of any permanent benefit to the patient. We can not change the defective formative force, which is hereditary, by treatment, sufficiently to accomplish any change in the nature of the renal tissues. The formative force is not sufficiently powerful to convert nutrient matter into formed matter, and maintain it in a healthy condition until it accomplishes its mission, ready to be carted away as worn-out and broken down tissue. But upon the other hand, this formed matter is so feeble it dies almost as soon as it is formed. Here it only requires an exciting agency to bring on Bright's disease in such cases as have any temporary local defects in the kidneys.

When the renal cells are long subjected to the influence of narcotics and alcoholic stimulants, or when the blood is modified by drink, or from any other cause whatever, the change begins in the uriniferous tubes and malpighian bodies. Lionel Beale is of the opinion that in those cases which are the result of alcohol, the entire change is due to the impoverished blood supply to the kidneys. We can not accept this view as sound logic, as the repeated congestions brought on by alcoholic influences, the overwork of the organs, and the mediate contact of alcohol with the renal tissues, have an evil effect upon them—as much so as that resulting from impoverished blood. While alcoholic beverages contribute to an impoverished blood, their influence does not stop here. Their destructive effects are to be seen in every tissue of the body, both directly and indirectly.

At the beginning of Bright's disease, where cell formation in the uriniferous tubes is the first to become affected, there is a proliferation of the cells of the basement membrane, with a corresponding increase of the secretion of urine. This is a result of excitation. Nutrient matter, through an increased circulation, is rapidly supplied to the uriniferous tubes and malpighian tufts, where it is converted into cell formation. The blind extremities of the tubes which end in the malpighian bodies, are filled with cells, as well as the tubes, which can not escape with their load of debris. This over-crowded condition of the tufts and tubes causes pressure upon the peripheral nerves, small blood vessels, and capillaries of the kidneys. These in turn fail to carry the blood to and from the uriniferous tubes and malpighian bodies. The result is, these vessels are congested; through heart pressure the capillary walls are extended and thinned, often bursting, through which albumin exudes, and with the small amount of urine which the kidneys are able to secrete, escapes and appears with the other renal secretions. We admit that impoverished blood may and no doubt does cause Bright's disease; but that it alone, or even to a large extent, is the cause, is not borne out by actual experience, or by the phenomena as manifested in the patients who drink freely.

Congestion of the renal organs leads to every pathological change in the tissues that may be necessary in the incipency of Bright's disease. Alcohol, as every one must admit from experience and observation, causes these necessary pathological changes to take place

in the renal nerves, capillaries, small blood-vessels, malpighian bodies and uriniferous tubes, in succession or simultaneously. These changes are due in part to the direct contact of alcohol with the cell formation and upon the peripheral nerves; but largely to the influence it has upon the nerve centers, paralyzing the vaso-motor nerves of the kidneys, and producing, as before stated, congestion, which, in course of time, becomes permanent, and induces other pathological changes.

These morbid changes do not stop with the destruction of the germs of the basement membrane, or with the paralysis of the vaso-motor nerves and congestion, but it extends to the walls of the tubes and malpighian bodies; it goes even further than this, it interferes with the nutrition of the entire renal organs by cutting off the nutrient matter. We have, as the result, disintegration of normal tissues, and in their stead granular matter, fatty substance and amylaceous substance. As time goes on, and the tissues disorganize, these pathological products fill their place. The result is plain to be seen. On account of the wasting of the malpighian 'bodies, much of the blood is returned from the kidneys by the vaso-recti without being properly depurated, as for this purpose it must pass through the vessels of the uriniferous tubes and malpighian bodies. Worn-out tissues and rejected material accumulate in the blood, some of which passes through the diseased vascular walls and escapes into the intertubular and capillary spaces, and increases the obstruction of nerve force and the circulation, and paralyzes the different nerves distributed to the capillaries and uriniferous tubes, making a circuit, as it were, one pathological state contributing to others.

The poison material which accumulates in the blood because of the renal obstruction and disintegration, may be insignificant at first, but it will sooner or later make a profound impression upon the many phenomena of life, and, as we have stated, paralyze the afferent nerves of the uriniferous tubes and capillaries. The capillaries and small arteries, under these conditions, would dilate and fill with blood. The nerve centers would no longer supply stimulation to the vaso-motor nerves to maintain a normal arterial pressure and circulation of the blood throughout the entire renal tissues, with destruction of sections of the kidneys and a change in the functions of the tubes and tufts, which may in time extend to a greater part of the organs.

In complete obstruction of the circulation in parts of the kidneys that are affected, it is due in part at least to the seriousness of the inflammation and the permanent changes. This obstruction is often due to the repeated congestion that follows the use of alcoholic liquors.

From the nature of the deposits of granular matters and fatty substances in the intertubular and capillary spaces, and the pseudo-hypertrophic condition of the normal tissues of the malpighian bodies and uriniferous tubes existing when well advanced, there is no wonder we have a disease that is incurable, and often is so rapid in its progress, defying every effort put forth by the physician and patient.

It is only in the incipency of the disease that we can hope to be of any benefit whatever to the patient.

A great deal of attention has been given to chronic diseases of the kidneys with good results, yet there remains much more to be learned by careful investigation in the laboratory, by clinical experience, and in the dead-house, before we have a thorough practical knowledge of the disease under consideration.

Some pathologists claim that there are only two or three forms of the disease, while others adhere to the opinion that there are several distinct affections, not related in any way except that they are all characterized by the appearance of albumin in the urine.

We have not the space in a journal article to give a systematic account of the several forms of Bright's disease. It is claimed by some observers that one can distinguish the several forms of the disease while the patient is living; that the deposits in the urine, the nature of the tube casts that are thrown off with the urine, and the character of their formation, with the histology of the case, are sufficient to differentiate the cases as they develop and progress toward a fatal termination. Whether this can be done I am not prepared to say, but it is evident that one can distinguish between the various forms of the disease through post-mortem examination. Indeed, I do not know whether we would be able to treat the disease with any greater degree of success were we able to make this distinction while the patient is alive and in the early periods of the disease. Whether one would or not, there would be some advantage in coming into possession of such definite information, as we know some forms of the disease are much more rapidly fatal than others.

One of the more serious forms of Bright's disease is the fatty, contracted kidney, in which the shrinking and wasting of the tissues, the deposits of fat and granules, and the formation of new texture, are all going on at the same time. What is peculiar in this form of the disease, is the absence of any prominent symptoms, with no warning of an approaching danger until very near death's door. The other forms are much slower in approaching the fatal termination, but just as sure to reach the same result.

Bright's disease is so insidious in its nature that the physician's attention is rarely called to the malady, as the patient is not aware of any wrong of this nature whatever, until the work of destruction is so far advanced that there is absolutely no hope of obtaining any lasting relief. The patient may call upon the doctor for an indigestion, a headache, or perhaps general indisposed feeling, with no thought of any serious malady existing in the renal organs. If the doctor is thorough with his investigations, he may find every evidence of Bright's disease in the incipency, while on the other hand, if he takes the case for granted, he will fail to learn the true nature of the disease, and treat the external symptoms to the loss of the patient and to his own discredit. We can not insist too strongly upon thoroughness in

investigating a case, that we may reach a correct diagnosis. But on the other hand there is danger of overlooking a disease in all its relations by undue carelessness. Especially is this the case with diseases that are obscured by indistinct and hidden symptoms. We are very apt to be misled by the appearance of symptoms of disease in other parts of the body, which are the result of disease of the kidney through reflex of the nervous system. Indeed, the appearance of disease in other organs of the body may become a reality, as the disturbance of the renal organs may lead to permanent disease of other tissues and their functions. These may become as prominent as that of the kidney. If we can succeed in removing the kidney trouble before those diseases have gone on to organic destruction or permanent change, we will have the satisfaction of seeing them pass away.

As to treatment of Bright's disease, I have nothing to add in a general way, other than what is laid down in standard works on kidney diseases, and what is known about specific medication. There can be nothing done in the way of treatment, more than that of palliative measures, in any other stage than that of the first, as the destruction of renal tissues is sure to follow unless the attack is checked at this early date. In addition to specific indications for remedies, ergot appears to hold out about the best chance for those cases that have been brought on by indulgence in spirituous liquors and other narcotics, or from any cause which has impoverished the blood.

Ergot evidently has a favorable influence upon the vaso motor nerves, causing the blood-vessels to contract, lessening the caliber, toning the vascular walls, removing arterial pressure, enabling the vessels to supply the parts with freshly oxidized blood, and nourish the tissues, which are supplied by the circulation. Indeed, where the vaso-motor nerves have been paralyzed, we find ergot, in ten drop doses repeated every four hours, relieves the distended blood-vessels. Taking this as a basis, we reasoned, *a priori*, that ergot would act upon the renal circulation in the same manner, if the cause of the disease produce the pathological conditions that can be corrected by such therapeutical agency.

As before stated, alcohol produces pseudo stimulation by paralyzing the vaso-motor nerves of the renal vessels. If we can remove this pathological condition before any serious damage to the kidneys has been done, there is hope of giving the patient a new lease of life. It is absolutely necessary to stop all alcoholic drinks, and it must never be taken up again, as it is liable to cause a return of the same conditions. If the paralyzing influence of alcohol is removed, likewise any other cause, the nerve centers have a chance to return to their normal condition, which will guarantee better nerve energy, supplied to the vaso motor nerves. We have learned from experience that ergot aids nature by supplying the nerve cells, in a measure at least, with the energy that has been lost. In other words, the nerve cells absorb the ergot which has the specific property in its particles of matter, that

arouses the latent state in which the nerves have fallen. Thus the vaso-motor nerves of the small renal arteries cause the muscles of the vessels to contract, drawing the blood with greater rapidity through the capillaries, and at the same time preventing heart pressure upon those attenuated walls. In this case the blood, loaded with broken-down tissues, would not be retained in the kidneys, but would pass on, while upon the other hand, the formative force would be able to draw upon it for nutrition to build up lost tissue. I am fully satisfied this is the method by which ergot may relieve Bright's disease in the beginning of the pathological changes. At any other time than in the incipency of the disease, it can not possibly do any good, as it has no power to restore degenerated and lost tissues.

The following case may be interesting, as I relied altogether upon ergot. John Wilson, aged 19 years, heater in hot mills of tin plate, came to me with an application to be examined for a life insurance policy. The examination was not altogether adverse to a recommendation to the association until I came to the urinal analysis—specific gravity, 1025. Examined for albumin. To my surprise, I found the urine was in bulk more than one-fifth albumin. I tested several times, waited two days, and tested a fresh specimen of the urine, with the same result. I then tested the albumin with every re-action given by albumin. I could make nothing else out of it. With considerable incredulity I began to treat the case. I gave Lloyd's ergot in ten-drop doses every four hours. Have had patient taking the remedy seven months, with a continual decrease of the albumin, with the exception of two different times when he had attacks of malarial poison, causing a rise of the temperature above normal for several days. At this date there is but a trace of albumin to be seen. I have some hopes that he will recover his former health.

I should have stated that the patient drank spirituous and malt liquors from the time he was sixteen years old until about six months before I examined him for insurance. He was not drinking at the time he came to me for examination, and has not drunk any, to my knowledge, since he began to take treatment. As he has control of his appetite, I feel confident he will not take to it again.

This case doubtless was in the congested state when we began treatment, with paralysis of the vaso-motor nerves of the renal organs, but had not advanced to the point of disorganization and disintegration of the uriniferous tubes and malpighian bodies. The disease would have gone on to destruction of the renal tissues, and no doubt would have developed into the contracted form of the disease, as this is usually the form that results from drink. At the time of coming to me, the patient reported himself as feeling reasonably well, able to do his work at the furnace. But since the albumin in the urine has been checked his strength has increased a good deal. He does his work with much more ease now than he did at the time the albumin was escaping so freely. He works with much more comfort than he did.

He suffered with weakness of his back, but attributed it to the heavy work he was doing. This has about all disappeared. I hope to be able to keep trace of the case for a number of years, that I may know what develops in the future.

IMPACTION OF THE BOWELS.

By G. F. Severs, M. D., Centerville, Iowa.

MY first case was in 1895. I was called to Andrew C., aged 30 years, married, and in good health—groceryman, at 5 A. M.: found him suffering intense pain; temperature subnormal. Examination and history proved that he was suffering from impaction with complete obstruction of the bowel at the ilio-coecal junction. After using the ordinary means, such as injections, hot applications, cathartics, etc., the morning of the second day I injected about 1½ pints of plain water, then introduced the long rectal tube, and applied Huston Bros. combined aspirator syringe and airpump to the tube and injected air until I could hear the air pass the obstruction; then manipulated the bowels and pumped in more air, then manipulated again when he said, "Let me up, I must have a movement," and in about a minute he passed the impaction in the form of a wad of connective tissue of dried beef. He got up that same afternoon, and went to work, but soon came down and suffered for weeks from an ulcerative condition that came near taking him off, but finally made a good recovery.

My next case was in raspberry time of this summer. A Mr. G., about 35 years of age, married, and engaged in the small fruit business. I was called the second day of his illness, and found him suffering great pain, with symptoms of impaction of *something*, but I could scarcely believe with so small seeds as raspberry, but the use of an injection of about one pint of water and enough air to go through this time under chloroform, as he was suffering intense pain—brought away about half a pound of raspberry and gooseberry seeds, some of them swelled to about four times their natural size. He suffered several days with inflammation of large and small intestines, but made a perfect recovery.

My next case occurred recently. Mrs. J., aged 27 years, married, while working up grapes, ate a great quantity, swallowing the pulp with the seeds. I was called Sunday evening at 7 P. M., Oct. 2; found her suffering from obstruction of the bowels, vomiting almost incessantly. I gave her a small dose of morphine and one-eighth grain of pilocarpine hypodermatically. Ordered injections of warm water per rectum. Called at 9 Monday morning, also at 7 P. M., and found her no better. Ordered the hot applications and injections continued. Vomited all night. Called next morning at 8; used the small water injection (1½ pints), then followed with the air-pump, and inflated

the bowel until the air passed the obstruction, which can easily be known by the pressure giving way in your pump, when she got up and passed the grape seeds that had caused the trouble.

I have never seen the above method described nor advocated, and so far as I am concerned it is original, and if done within the first 48 hours, I think perfectly safe. Later I should give it a fair trial if I knew I had a case of simple obstruction from impacted seeds or any other substance which dilating the bowel would assist in removing. But I should use it with considerable caution, lest I should tear the inflamed and perhaps ulcerated bowel.

I do not offer this as a specific for all obstructions or diseases where the bowels do not move, such as gall stones, hernia, or appendicitis; yet in the latter it might contribute to a cure by removing impacted feces, thereby preventing a fatal perforation, caused in part by pressure from retained feces lodging above the valve; but in the three cases where I have tried it, I am led to believe I have three recoveries to report instead of so many deaths,

MARASMUS.

By C. W. Conley, M. D., Eaton, O.

FEW writers on medicine even mention this disease, although it is among the most frequent diseases of infancy. Statistics which have been carefully collected show that ninety per cent. of the diseases of children under two years of age, are due to some disorder of the digestive organs. As great a mortality as this is not shown in the breast-fed children, but among the artificially nourished ones. The statistics are taken from maternity hospitals, children's homes, etc., where only the poorer classes are, and in these instances the mother is many times on the verge of starvation during the period of gestation. Hence when parturition comes on, a child is born with even lower vitality than the mother. The child, as usual, is put to the breast, and, if possible, kept there until its life is despaired of, then some of the many artificial baby foods that are on the market are tried; experiment after experiment is made, until one that is suitable for the case is found, or until death closes the scene. It can not be done otherwise than by experimenting upon these helpless urchins.

The physiologist teaches that in infancy, as in adult life, the elements of food are: proteids, fat, carbohydrates, mineral salts, and water. The amount and the quality of food must be different, owing to the delicate condition of the digestive organs, and the inability to assimilate certain foods. The exact proportion in which these elements exist, or should exist, differs in each individual case. In making the analysis of several specimens of mother's milk at different periods of lactation, we find that the proportion varies in each individual case. Now this being the case, it is not at all alarming that in order

to find a suitable food for a child, experiments have to be made. The vitality of the child is highly taxed before birth, and now it is to be tampered with at a cost sometimes of its life.

The symptoms of this disease are many and varied. The little one is not at first looked upon as being sick, or needing any special attention; at the same time it is drifting beyond the crisis which is not even suspected. Though the symptoms are obscure, the patient, as tender as a house-plant; yet we have such to treat, and if not successful, the laity, not taking into consideration the circumstances surrounding the case, at once attribute the death of the child to the physician and his medicine, when it is the improper food and improper hygiene that are at fault.

Medicines prescribed to infants are frequently adding fuel to the fire, instead of extinguishing the flames. Among the first symptoms we have anemia, the sallow complexion, many times taken for icterus neonatorum, the pinched appearance of the countenance, the old look, the wrinkled condition first noticed in the palm of the hand, profuse perspiration, and irregularity of stool, extreme constipation or diarrhea, either may precede the general symptoms; restlessness at night is a marked feature; the sharp cry as if in pain when lifted in certain directions. The general history of these cases is usually uniform. At birth the child *seems* to be well nourished, and gradually but slowly improves for a short time while at the breast, when imperceptibly it begins to lose flesh slowly, then rapidly, it begins to look old, the skin becomes wrinkled, the eyes appear large, the muscles flabby. Occasionally in the beginning we have oedema; it may be general or local, and is to be considered a bad symptom; loss of appetite; occasionally early in the case, an unnatural hunger. The course of the disease is a gradual decline, and may be cut short by any acute disease, and may die suddenly when in as good health apparently as for several days.

Treatment is for the most part prophylactic, pure milk and special attention to feeding, both as to the quantity and time, plenty of fresh air, and good ventilation. If food is given at all it should be of the most easily digested articles, as eggs, fruit, bread, etc. All sweets and highly seasoned foods should be excluded. Massage is very good treatment if properly used. Of medicinal agents few are of any value. The principal treatment is dietetic and hygienic, some tonics as arsenic, olive oil, etc., should be used, but in amount varying according to the circumstances.

RHEUMATISM.

By B. F. Beane, M. D., El Dorado, O.

WE do not purpose giving the etiology, or to describe the symptoms of rheumatism. We shall endeavor to give briefly our treatment of this disease. It has been very satisfactory to us, and

may be of benefit to others. Our prescription reads somewhat like this: R—Salicylic acid, bicarb. sodium, *aa.* gr. 50. Add sufficient water, say one ounce, to cause effervescence. When effervescence has ceased, add the indicated remedy as follows: When there is muscular soreness, the muscles feeling as though they had been pounded, macrotys, one to two drachms, is needed. When the serous membranes of the joints are chiefly involved, bryonia, fifteen to twenty drops, should be added. When the patient complains of the bones aching, and the whole body seems sore, then this remedy together with gelsemium one to two drachms, should complete the prescription. When there is stiffness and soreness, aggravated by first movements, as rising from a chair, etc., but relief is experienced on continued gentle motion, then rhus tox., fifteen to twenty drops, should be added. If there is puffiness of the tissues, swelling of the joints, with white, glistening appearance of the skin, with perhaps pitting on pressure, apocynum can., twenty to thirty drops, is what is needed. Add now sufficient water to make a four-ounce mixture, and order a teaspoonful taken every two to four hours.

A little quinine may be attenuated with this prescription or follow it, if the indications warrant it, remembering that the moist skin, moist and clearing tongue, and open pulse, must guide us in its administration.

In chronic cases it is well, after the prominent symptoms have subsided, to have the patient use a saturated tincture of poke-berries in teaspoonful doses thrice daily. Let this be continued for quite a while after the other treatment is abandoned.

If faithfully persisted in, we believe this will be found a very efficient treatment for rheumatism. In making our prescriptions, we always use the salicylic acid and sodium bicarbonate, thus obtaining a solution of fresh salicylate of sodium already prepared. Whether due to the freshness of the salt or other cause, we seem to get better results. We use also the specific medicines, as we deem them superior to most preparations, and the best are none too good.

SOME CLINICAL NOTES ON THE USE OF CREOSOTE.

By A. M. Stein, M. D., Palatka, Florida.

MY experience concerning the use of creosote covers a period of 16 years. I have used the drug in phthisis, in diseases of the stomach, diseases of children, and skin diseases. I have seen some marked results in phthisis, and in diseases of the stomach I have succeeded better with creosote than with any other drug.

Physiological Action.—Creosote is a local sedative. Internally, it is an anæsthetic, astringent, and checks fermentation and reduces the irritability of the stomach. It checks nausea and corrects the cause productive of diarrhea. It is a useful remedy in the summer diarrhea

of infants and especially those in the large cities. Creosote has a special sedative action on the nerves of the stomach, and allays irritability and nausea; it escapes from the body by the bronchial mucous membranes in part, and has expectorant powers, and is also partly excreted by the kidneys. The antidotes for creosote poisoning are the same as for carbolic acid. In phthisis I have used creosote in 125 cases during the past 16 years; of this number the ages ranged from 12 to 50 years. Seventy-five cases presented consolidation; 15 cases cavities; 20 cases presented consolidation at one apex and a cavity at the other. The longest period the cases kept under treatment was two years and a half. In 55 cases there was a family history of phthisis; in 70 cases there were night sweats. There was a history of distinct loss of weight in 80 cases; in 20 cases there was hemoptysis. Where cough was at all severe a cough mixture containing morphia in small doses was given.

Cough lessened in 30 cases.

Cough cured in 15 cases.

Cough unaffected in 8 cases.

Fever lessened in 8 cases.

Fever cured in 5 cases.

Fever unaffected in 4 cases.

Sweating lessened in 20 cases.

Sweating cured in 10 cases.

Sweating unaffected in 25 cases.

In diseases of children, especially infants during the first year, I have found creosote a very valuable remedy in diarrhea and cholera-infantum. In these cases I generally prescribe B. W. Creosote as follows: R—Creosote, gtt. i; aqua calcis, aqua menthe pep. aa. f3ss. Sig. Teaspoonful every hour until relieved.

In this dreadful disease of childhood I find that creosote acts as a disinfectant, prevents fermentation and sweetens the stomach, and acts as an astringent on the bowels. I know of no remedy that acts as well in the complaints of children, when prescribed according to the indications.

I was called sometime ago to visit a lady who has been a great sufferer from inflammation of the stomach for a number of years; she had given up in despair. When I saw this patient she was in a pitiful condition. I first had the stomach thoroughly washed out with a solution of asepsin night and morning, and then prescribed:

R—Creosote, gtt. xxiv; cocaine muriat, grs. iiss; oli olive, ʒij. M. et. & ft. elastic capsules No. xxv. Sig. One 3 hours apart until relieved, three times a day.

Continued to wash out the stomach for one week. At the end of the first week discontinued washing out the stomach, gave one capsule night and morning; also gave specific hydrastis, six drops in water every three hours. The patient is able to attend to all of her household duties, and I have one patient less. I have had a number of jus

such cases and have been very successful in treating them. I do not think that anything surpasses Lloyds' Asepsin for washing out the stomach. I find this remedy the very best that I have ever used.

ECHAFOLTA IN DISEASES OF THE MIDDLE EAR.

By Carl G. Winter, M. D., Indianapolis, Ind.

THIS case is reported to show the good obtained by echafolta in ear cases, where you have pus.

On July 14 I was called to Anderson, Indiana, in consultation with Dr. Severns to a case of middle ear trouble. The history of the case was as follows: Miss J., age nineteen, of a scrofulous diathesis, but up to last April fairly well. Her sister died about a year ago from the effect of mastoid abscess. In April of this year the patient became affected with earache, and on account of death of sister was much worried over her condition, especially since it grew worse from time to time until, from the effects of the fever and pain, she had to take to her bed; and on July 10th they discharged their "*regular*" physician and called Dr. Severns. Dr. Severns used the hot water treatment and ear drops of aconite, belladonna, plant. maj., and cocaine in the ear, but it was all of no avail.

When I first saw the case on July 17, I found the patient with the following symptoms: Great pain in ear, aching in character; external auditory canal swollen nearly shut; fever, 103°; pulse 128. On account of the condition of the external auditory canal it was impossible to note the condition of the tympanum; there was no tenderness behind the ear, but the entire side of the face was swollen.

Gave chloroform, pressed meatus and canal open so as to obtain view of tympanum, which was bulging out and much inflamed. I opened the tympanum, and this caused the discharge of more than a teaspoonful of stringy and pseudo-membranous pus. Cleansed ear thoroughly with carbolized water, made an incision in the tragus of the ear to cause bleeding, thereby relieving the swollen condition of the external parts. Gave patient veratrum and passiflora and ordered ear washed out every three hours with boracic acid solution. Patient was much relieved of pain by operation and recovered very rapidly.

In three weeks patient was again suddenly attacked with pains in the ear before affected, and upon examination found the conditions similar to the first time, the wound in the tympanum having healed; again opened tympanum and patient did well for ten or fourteen days, when she was again taken with pain.

We had before this placed patient upon echafolta and spec. veratrum, and when I saw her the third time and found the tympanum open I advised the continuation of echafolta and veratrum, and also the hot boracic acid solution for a few days before attempting any further surgical proceedings, and am pleased to say that our treatment controlled inflammation and the formation of pus; and from a

report received from Dr. Severns a few days ago, the case has been settled, both financially and physically, to the doctor's and patient's satisfaction.

TYPHOID FEVER.

By J. C. Power, M. D., Dows, Iowa.

I HAVE noticed much has been said about treating the soldiers in the camps. I want to say I had two boys of the 52d Iowa, who came down with typhoid fever after getting home from the South. Both were bad cases; temperature 105°; hemorrhage from nose and bowels. They were not delirious; I prevented that with belladonna, as the condition called for it. My treatment consisted of aconite, veratrum, belladonna, dioscorea, ipecac, carbo-veg., baptisia, echinanthus, nux, and hydrastis, each as indicated. Both made good recoveries. I used specific medicines, as I use no other when I can get them. Everybody thought the boys would die. But thanks to specific diagnosis and specific medication, they made good recoveries.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

CONJUNCTIVITIS.

Diseases of the conjunctiva, or mucous membrane covering the eye-ball and under surface of the lids, comprises about 30 per cent. of eye affections. The conjunctiva is subject to all the pathological changes that affect mucous tissue in general, as well as some that are peculiar to itself. Being continuous with the mucous membrane of the nose, through the drainage portion of the lachrymal apparatus, it is especially liable to be affected by inflammatory conditions of the respiratory tract.

On account of the extensive vascular connections, it is almost certain that inflammatory conditions affecting the anterior portion of the eye-ball will also affect the mucous membrane covering this organ; hence in keratitis, iritis and cyclitis the conjunctiva is almost always implicated. Inflammatory conditions of the posterior portions of the globe, however, seldom affect this tissue, so we do not often find pathological changes here in diseases of the optic nerve, choroid, retina and vitreous.

In health the mucous membrane is quite transparent, the blood vessels not being particularly noticeable; thus allowing the sclera to be distinctly seen. In morbid conditions, however, this is changed, and the transparent appearance disappears more or less completely, depending upon the intensity of the congestion. In simple hyperæmia the membrane is more or less reddened by the increased vascu-

larization, the blood vessels being distended and increased in number. The veins become more tortuous and larger, and in severe inflammatory action the sclera is entirely obliterated, the eye presenting a bloodshot appearance. An important diagnostic feature of conjunctivitis is the movable condition of the blood vessels over the ball when the eye-lid is moved by the finger or thumb against the globe. This will be an aid in differentiating between conjunctivitis and iritis, episcleritis, etc.

In the healthy eye the amount of secretion is only sufficient for keeping the tissues moist, pliable and properly lubricated. In the various forms of conjunctivitis, the amount of secretion is abnormal. In the first or hyperæmic stage the secretion is often deficient, causing a dry, stiff feeling to the lids and eye ball. This condition is sometimes so marked that a dry appearance is imparted to the eye. The patient complains of the seeming necessity of pulling the lids, especially in the morning, in order to open them. This occurs more in the so-called chronic hyperæmic condition. In the acute form the secretion is almost entirely watery, the membrane presenting a macerated look. In the second stage the quantity of mucus is increased much beyond the normal, through the increased activity of the glands.

Without a condition present producing the formation of pus, the secretion preserves its mucous character, and a catarrhal conjunctivitis results. If from any cause pus is formed, pus cells are mingled with the mucus, and the color of the discharge changes, becoming more or less yellowish, depending upon the amount of pus. In the severer forms, the pus predominates and may even constitute the whole of the secretion.

In an uncomplicated conjunctivitis there is but little pain, the tissues being so lax, they will allow of considerable distension without making pressure on the nerve terminals. If pain is present in this form, it seldom, if ever, is neuralgic in character. The feeling is one of discomfort and annoyance, heaviness and heat. The reflex conditions, increased flow of tears (lachrymation) and dread of light (photophobia) are not as marked as in keratitis, iritis and cyclitis. During the hyperæmic stage of acute trouble, these conditions may be present to a slight degree, but they soon subside; if they do not it is well to be suspicious of other lesions, and to make a careful inspection of the eye before it is too late.

For convenience conjunctivitis may be divided into three classes: hyperæmic (and congestive), catarrhal, and purulent. The subdivisions will be treated of under their appropriate headings.

Acute Hyperæmia.—This may exist independently, and is well represented in an eye in which a foreign body (cinder, gnat, etc.) has lodged, either on the conjunctival surface of the ball or under the lids. Here we find the vascularity of the membrane increased, rather by excessive determination of blood to the part than by an obstructed return. The arterial circulation is known to be increased by the larger

number of small, straight vessels running toward the cornea, or point of irritation. Suffusion of the eye, due to increased lachrymal secretion, is usually present. There is seldom any discharge of mucus or pus in this stage, unless the foreign body carries the infection. The amount of discomfort will depend upon the location and size of the object, as well as the individual. If the cornea is involved, neuralgic pain will often be present. It is sometimes very difficult in this stage to diagnose between iritis and acute hyperæmia. The action of the pupil should be carefully noted, though in the early stages of iritis the reaction to light may be fairly good. A careful examination of the eye-ball and everted lids should always be made, both under good illumination by diffuse daylight, if possible, and by oblique illumination by artificial light, and the use of a magnifying glass should be made part of the routine work. The entire conjunctival and corneal surfaces should be subjected to a close scrutiny, changing the position of the light, as well as having the patient look in different directions, so no part of the ball escapes observation. The lids should also be closely scrutinized, as a small body may be deeply imbedded in the conjunctival tissue.

ACUTE RHINITIS.

The season for acute rhinitis is at hand, and as we are frequently called upon for advice and medicine, it will be best for us to look up some of the characteristics of the trouble, as well as complications that are likely to arise during and following the attack.

ETIOLOGY.—Sudden changes of temperature, chilling of the overheated body, damp feet, and draughts striking the feet or back of the neck, are the commonest causes incident to the season. Irritating dust, chemicals, or a debilitated condition of the system, may also cause this trouble. Scrofulous constitutions are most susceptible to colds. In women, especially those of a nervous make-up, an acute rhinitis is a frequent accompaniment of menstruation. At times the disease seems to be epidemic.

PATHOLOGY.—When the attack is the result of cold, the surface of the body exposed is suddenly brought below normal. The irritation of the peripheral nerves of the chilled part causes by transmission a corresponding influence on the sympathetic, reaching the vaso-motors of the nasal mucous membrane. The first result of this action is contraction of the vessels, followed later by dilatation. The usual teaching is that the rhinal inflammation invariably begins on the superior and middle turbinates, extending in all directions. At the beginning of the attack there is little or no secretion, but when dilatation occurs through vaso-motor paresis, the amount of mucus is much increased. On account of the number of young cells and epithelial scales thrown off with the secretion, it soon becomes thick and puriform.

The nasal respiration is interfered with on account of the erectile

tissue covering the turbinates, lying between the periosteum and mucous membrane proper. The sinuses becoming engorged with blood causes this erectile tissue to swell, so that the space for the transmission of air is lessened. The severity of the attack governing the amount of interference with this function.

SYMPTOMS.—As the onset of the disease is usually sudden, the first indication is frequently a tingling or tickling in the nose, often accompanied by sneezing; a dry, burning, or full sensation in the nose or head; a cold sensation in the region of the frontal cells; frontal or occipital headache; coldness or stiffness of the back of the neck; burning of the eyes and fever. The disturbance of the general system may be very great, but usually it will not keep one from following his vocation. Inspection of the anterior nares reveals a swollen and congested condition of the tissues, the color varying from a slight increase in redness through all the changes to the most angry looking red. As the severity of the attack passes off, there will be a more or less return to the normal condition.

TREATMENT.—Nearly every one has some special hobby for the cure of acute rhinitis, which is given on all and every occasion without any regard to conditions present. As I am not a lover of sprays, etc., I seldom have made use of them during the last eight years, but have relied almost exclusively upon internal medication. In the early stages when the weather is warm and depressing, *sp. aconite* and *sp. gelsemium*, in small doses, give good results. *Sp. belladonna* is a good remedy in those cases having an acrid, watery secretion, with erysipelatous redness of the nose and the bluish color of the mucous membrane of the mouth and pharynx, which is generally present with this condition. A chilly sensation is nearly always present also in the *belladonna* case. *Lloyd's hydrastis*, when the discharge is profuse, thin and watery, not acrid. *Kali bichromate* when the discharge is tough, tenacious and stringy. *Sp. nux* when the nasal passages are alternately free and closed. *Sp. pulsatilla* has been recommended in those cases where the discharge is thick and yellowish green. I have had no results from this drug, excepting in those cases having the apprehensive condition. *Sp. bryonia* gives good results in those cases in which there is pain running from the throat to the ear on swallowing. *Sp. cimicifuga* when the muscles of the throat have the bruised feeling characteristic of rheumatic affections. *Sp. phytolacca* in all cases where the tonsils are implicated. *Sp. sticta* in the latter stages when the secretion is scanty, with a full sensation of the nose and a desire to blow the member, but without any secretion being obtained.

ACUTE PHARYNGITIS.

This affection may occur indepently of acute rhinitis, but through continuity of tissue the two are generally seen together. The causes of sore throat are the same as those producing the acute inflammation of the nasal tissues.

SYMPTOMS.—More or less discomfort in the throat with stiffness of the muscles, especially on swallowing. As in the nose, the first effect is suppression of secretion, followed by excessive mucous flow. The ears are more apt to be implicated in pharyngitis than in simple rhinitis, through extension of the inflammatory condition through the Eustachian tube to the middle ear. Not infrequently an acute suppuration of the middle ear will follow an acute pharyngitis. Even if there is no suppuration, earache is not infrequent, and the dullness of hearing, noises in the head, and sensation of fullness, are common. Swallowing is in many cases so painful that the patient will protest against taking any medicine that necessitates performing this act.

On examination of the mouth and throat, the tissues will be found reddened and swollen. The band of red color, involving the velum, passing from the pillars of the fauces and meeting on the uvula, will be a certain diagnostic sign. The intensity and width of this band will indicate the severity of the attack. The more intense the redness and the wider the band, the more severe the attack.

TREATMENT.—The treatment does not differ materially from that of acute rhinitis, excepting in those cases where the difficulty in swallowing is very marked. In these cases I find the use of an atomizer grateful to the patient. It relieves them from the necessity of swallowing, and there will be enough of the medicine absorbed through the tissues to give relief. The method employed is to use *sp. aconite* with the other indicated remedy, in a watery solution, and use the instrument every half hour or hour, depending on the severity of the case. I sometimes use the solution often enough to get the characteristic tingling sensation of the lips and tongue due to the aconite. In cases where an atomizer is not at hand, the drugs may be put up with alcohol or water, only making the proportion of drug about one to three. This can be used by simply touching the tongue to the inverted bottle, so that a drop or two will be taken in this way. If the patient likes ice cream I always prescribe it, as the cold will give some relief, and the patient is also getting nourishment at the same time. Small pieces of ice are also very grateful in most of these cases. Occasionally a patient will be found who prefers hot drinks, and then recourse may be had to these. The drugs recommended in acute rhinitis will be found most generally useful for this disease, unless the larynx is implicated, which not infrequently happens.

Sp. cimicifuga in doses of gtt $\frac{1}{2}$ to 1 every hour in rheumatic pharyngitis will give comparatively prompt relief in the majority of cases, provided the tissues have a bruised feeling.

A Case of Mathematically Perfect Eyes.

George M. Gould, M. D., in *Annals of Ophthalmology*, July, 1898, gives a very interesting history of a case presented from his experience, and some of his conclusions are interesting, as they are in direct opposition to the usual teaching in fitting cases of presbyopia:

"A very slight or uncorrected error of refraction may be the cause of strange and serious reflexes and results, and this is especially true if it be the unsymmetrical astigmatism, and still more surely if it is a low degree of myopic astigmatism.

"Low-grade myopic astigmatisms are hard to diagnose, and are in practice too commonly overlooked and neglected. It is only by the mydriatic, combined with infinite patience, delicacy and skill, that such astigmatisms are correctly diagnosed. Perfect visual acuity is no disproof of co-existing ametropia.

"The mydriatic is more necessary in presbyopia than previously. All the text-books and teaching are wrong in this. Presbyopia is always relative, never absolute, particularly if proper glasses have not been worn during many previous years. Without a mydriatic there is no adequate estimate of errors of refraction, and between the ages of 40 and 55, the estimate should be pains taking to the uttermost degree, especially if any suspicious reflexes exist."

Every oculist can readily call to mind cases where the results of refractive work were not satisfactory, and has had to try repeatedly changing glasses, when only a slight difference in strength was made over the previous ones, until at last the patient, drifting from one to another, either gets the proper correction at last or becomes altogether discouraged. There is one undoubted danger to the use of a mydriatic in persons after the age of forty, and that is glaucoma, and the indiscriminate use of these drugs should be guarded against, but there are many cases in which the mydriatic should be used, and if proper care is exercised, the danger is reduced to a minimum.

Influence of Diseases of the Nares and Pharynx on Aural Affections.

From an analysis of 600 cases of middle ear disease, in the *Universal Medical Magazine*, L. Somers, M. D., offers the following conclusions :

1. Sclerosis of the middle ear is usually the result of previous nasal or pharyngeal disease.
2. Suppurative otitis media is a common and frequent result of acute and chronic naso-pharyngeal disease.
3. Fully 75 per cent. of all forms of middle ear disease will show on examination, or give a history of, naso-pharyngeal disease.
4. Sixty-four per cent of tympanic affections are co-incident with pathologic changes. either in the nares or pharynx, or both.
5. Sclerotic or atrophic changes in the naso-pharynx are of little consequence in the production of deafness as compared with chronic hypertrophy, or any morbid change producing congestion of the nose and throat.
6. Of nasal affections, hypertrophy of the turbinals is the most potent factor in the production of aural disease, A deviated septum and an exostosis influence the tympanic cavity by producing changes in the atmospheric pressure.

7. Aural affections are more frequent in hypertrophy of the post-nasal space, or naso-pharynx, than in pure nasal or pharyngeal disease.

8. The effects of passing disease of the nares or pharynx in the production of middle ear disease are of much importance.

9. General diseases, such as measles, with local naso-pharyngeal manifestations, exert a marked causative influence in the production of middle ear disease.

10. To a great extent the successful issue of aural disease depends upon appropriate naso-pharyngeal treatment.

PERISCOPE.

WHERE IS THE FAMILY PHYSICIAN OF THE PAST ?

In his opening address to the members of the Ontario Medical Association, Dr. John Coventry made the following remarks, which are well worth repeating :

Whatever the causes are, we find him to-day split up into specialties, and the average family has taken on a sort of centrifugal action with respect to their ailments. The major-domo has had a long-standing hemorrhoidal affection, and a "rectal specialist" has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks require the service of a gynecologist.

The elder son has a pain in his back, and is doing his own doctoring. The patent medicine advertisement is getting its deadly work in on him and his pocketbook—and his back still aches.

The elder sister has trouble with her eyes, and an alleged oculist is treating them.

Another scion has a "catarrh," so-called. He is in the hands of a "throat and lung institute."

Another daughter has a friend who has an unrevealed trouble, and goes twice a week to a doctor(?) who cures all his patients with electricity, and the young lady is easily persuaded to try him for—constipation.

A younger brother has an unseemly eruption, and a "skin specialist," after exhibiting the pictures and pickles in his office, promises him a "skin like velvet," but he will have to shake medicine for six months.

But why multiply the evidence? The fact is known to every one of you that united families, so far as a common physician is concerned, is the exception nowadays.

There is a trite saying "that too many men abandon the study of the profession when they begin the practice of it," and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice and can scarcely

make ends meet, it is not to be wondered at if he does not keep abreast of the times with his reading, or if he is not within reach of the city and its hospital clinics he is very apt to drop into the rear rank.

Contract Lodge Work.—Did time permit I would like to add my protest against the debasing practice of contract lodge work.

Vampire never bled its prey more mercilessly than the pseudo benevolent societies have the lodge doctor. While wholly dependent on him for existence, the lodge committees have dictated a ridiculous fee for his services, and the plastic physician, by his acceptance of it, has signed an acknowledgment that he has joined the army of men who are doing business by giving "a quarter off," "tremendous bargains," "slaughter sale," or "cut-rate-tickets."

Nowhere is the medical profession "on the down grade" so much as in pandering to this influence, and, left to their own impulses, as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worst feature of the whole affair is that they are nearly a unit in declaring against the practice, and, believing it is subversive of the best interests of the profession, are willing to abandon it, but are deterred from doing so because some of their confreres are only watching to slip into their shoes.

Chelidonium Majus in the Treatment of Cancer.

Dr. C. D. Spivak has collected the reported cases of fourteen observers, and finds that of 61 cases treated, 33 improved under this treatment. The general sentiment, based upon the favorable cases reported by reputable physicians and the microscopical examinations of cancerous tissues made after the injections, is that (1) the drug has undoubtedly some influence upon cancerous tissue which requires further investigation; (2) the experiments are not numerous enough to warrant definite conclusions; (3) the drug being very unstable, many of the unfavorable cases may be attributed to the inefficiency of the preparation; and (4) probably the technique of the administration is not yet perfected.—*Therapeutic Gazette*.

Dr. A. Duehrssen reports the failure of this remedy in a case in which the diagnosis was established by the microscope. Nineteen parenchymatous injections were made of equal parts of extract of celandine, glycerin, and distilled water; and, in addition, within a month, two ounces of the extract were given by the mouth. The treatment was without effect, and at the last report the patient was near to her death. The author was against the use of such remedies, because in this way the time of operation may be delayed until it is impossible, and he believes that the only sure remedy against cancer is the hand of the surgeon.

Robinson reports the successful use of this remedy in one instance of cancer of the left upper jaw. The patient was under cheer

vation nine days, expressed himself as satisfied with the relief afforded, and anxious to continue treatment, and then was lost sight of. The author concludes that this drug seems to have specific action on cancerous tumors. The vigorous reaction which follows its use bears a certain resemblance to that of tuberculin. Apparently there was no microscopical examination, and whatever may have been the result of the treatment the explanation should be based upon the caustic properties of the drug.—*Amer. Jour. Med. Sciences.*

Senecio Vulgaris as an Emmenagogue.

MM. Dalche and Heine have used fluid extracts made from the aerial parts and the subterranean: the latter only contains two alkaloids, senecine and senecionine. In practice it would appear that the fluid extract made from the subterranean was more constant in action, more rapid and requires a smaller dose. The dose of the latter is from twenty-five to sixty drops in an ounce and a half of sweetened water; of the former the dose is one-fourth more. This remedy should be administered for different purposes, whether it is designed to relieve painful menstruation or to produce an appearance of the flow. When used to soothe the pain which precedes, accompanies, or follows the appearance of the flow, it was found to possess some action upon the uterus and adnexa, even if they were diseased, although relief of the dysmenorrhœa occurring with metritis or periuterine inflammations is much less marked. When this drug is given for the relief of amenorrhœa only failures have been met with. On the other hand, when dysmenorrhœa has been treated by the drug successfully or otherwise, it was noticed that twice the flow was slightly increased in amount, six times diminished, and ten times it was normal in quantity. In general, action of the drug seems to leave the amount of flow either normal or lessened rather than increase it, and this probably explains the failure in amenorrhœa. So far as concerns other organs of the body, it does not appear to have any analgesic effects. On the other hand, its administration has not been followed by untoward effects. So far as may be decided from the results obtained from its administration to domestic animals, therapeutic doses of the fluid extract do not cause poisoning by accumulation nor absorption; yet the usual rules of prudence must not be neglected when it is given to women who may be presumed to be pregnant.—*Amer. Jour. Med. Sciences.* W. N. M.

Meningitis.

In an article on meningitis in *Pediatrics*, Dr. Cole writes of the treatment thus: "Recently I was in the southern part of the State, and there met Dr. J. J. Trout, of Nashville, Ill., who told me that he had come to rely almost entirely on gelsemium in the treatment of meningitis and cerebro-spinal meningitis." He then speaks of the enthusiasm with which he has used the drug and his method of adminis-

tering it. He then laments the fact that but few of the works on practice or materia medica to which he has access mention it or its uses save only a brief mention in Bartholow and the United States Dispensatory. The trouble with the good Doctor is he has not been reading the right journals or books these many years. Had he been reading Eclectic literature he would have found that the administration of gelsemium in meningitis is by no means new to Eclectic practitioners.

It is with mingled feelings of disgust and amusement that we often read in Regular literature of some remedy being foisted upon the profession as new which we were wont to hear when a student and which has been in daily use for years by the profession. For heaven's sake brethren bury the hatchet, in this enlightened day and age, and give the credit to whom it is due.

W. N. M.

Gangrene from Carbolic Acid.

Czeruy (*Munch. Med. Woch.*, April 20, 1897), says that, in spite of the repeated warnings that have been given on this subject, there is not a year passes in which he is not able to show to his classes cases of gangrene brought about by the use of carbolic acid solutions as dressings.

They are generally produced by the continued use of moist dressings containing the officinal 3 per cent. solution of carbolic acid and applied as an antiseptic dressing for minor wounds of the extremities. The anæsthetic action of the carbolic acid makes the patient unmindful of the insidious action of the drug, and he is much surprised to see the fingers whiten and finally turn black; a line of demarcation shows itself sharply, and amputation finally becomes necessary.

The author illustrates his subject by the report of three cases which were sent in from the country to his clinic. The danger of the solution, even a 1 per cent. is very great if the use is prolonged, and he advises that carbolic acid should never be used as a moist dressing. Other antiseptics are fully as efficient without this danger.—*Amer. Jour. Med. Sciences.*

W. N. M.

Case of Fatal Potassium Chlorate Poisoning.

Jacob (*Berliner Klinische Wochenschrift*) reports the following case: A seamstress, aged thirty-nine years, was admitted in an almost comatose condition; face was ashy, lips, fingers and ears cyanotic; tongue blue black; blue and copper-colored spots on the temples; marked dyspnoea, thready pulse. The patella tendon reflexes absent. During the four days of the patient's life there was almost complete anuria, from 25 to 50 c. c. being passed daily. The characteristic methæmoglobin bands were plainly seen. Many corpuscles were present at first; later they diminished, but at the end the urine contained

methæmoglobin, hæmoglobin, and traces of hæmatin. On the third day there was pain in both hypochondria, without enlargement of the liver or spleen. The patient died suddenly on the fourth day. On entrance the blood count showed 4,425,000 red corpuscles, and 84,000 whites. The second day the reds had sunk to 1,825,000, and the whites sank steadily to about normal before death. On the first day no very marked changes could be seen in the erythrocytes. On the following day normally colored reds were scarcely to be found, and many shadows, in part arranged in rouleaux, were present. There were too many fragments of red corpuscles, partly free and partly contained in the corpuscles, in the form of spheres. These forms increased so that finally there were large masses of debris. The white cells were often filled with the disintegrated reds. The stained covers were not so striking; the whites, however, looked swollen and had pale nuclei. The stained reds were so irregularly stained that many seemed to be colorless and to contain granules. Toward the end the preparations looked like poorly fixed covers.

The author's finding agrees generally with that of others. He differs, however, from Riess in thinking that the increase in the white cells may be a reaction—leucocytosis. The author claims that potassium chlorate is a dangerous drug and that its use should be restricted, especially in pediatric practice.—*Amer. Jour. Med. Sci.* W. N. M.

THE BRAND BATH IN TYPHOID FEVER.

Drs. H. A. Hare and C. A. Holder summarize their conclusions as follows: The mortality to-day all over the world except in the presence of individual epidemics of malignant infection, is not over 15 per cent., and if the patients receive good nursing and non-meddlesome treatment, about 10 per cent. or less. Therefore the saving of life by the bath is not the difference between 25 and 7 per cent, but between 10 and 7 per cent. at the very best. This method does not shorten the attack, but probably prolongs it. The relapses are much more frequent under it. Hemorrhages are more frequent, when in reality the modification of all the symptoms by the bath would lead us to expect a decrease in their number. The frequency of perforation is not decreased. The difference in mortality is due to the favorable effect of the bath on the nervous system, circulation, respiration, and the toxæmia, for the other causes of death remain unaltered in frequency or are increased. It would seem opportune to protest against the almost universal application of the bath to this disease. It is, or ought to be, a fundamental law of therapeutics that there is no such thing as treatment by hard-and-fast rules of routine. The recommendation that all patients suffering from typhoid fever with a temperature of 102° to 102.5° F. shall be placed in a tub of water at 65° to 70° F. is an affront to this rational law. When we consider all the points in the cold bath treatment, it is almost impos-

possible to avoid the thought that it is a measure to which in a few years we will look back with the same distress that we regard venesection and other excesses. The following rules are suggested :

1. When admitted early in the disease, with constipation or moderate diarrhea, a full dose of calomel should be given in divided doses in order to stimulate the liver and antisepticize the bowel with bile.

2. Control of fever, when it reaches 102° , by sponging, or, this failing, resort should be had to the tub.

3. It is advisable not only to use friction in a light form, but to use moderately active massage with the same objects in view as when the rest cure is undertaken.

4. In nearly all cases give more nourishment than the average typhoid patient has usually had in the past.

5. Use stimulants in carefully graduated doses whenever the circulation needs them, particularly alcohol.—*Therapeutic Gazette*, 1898, No. 3, page 153.

[In the Maidstone epidemic the total number of cases of typhoid fever to December 11, was 1885; mortality, 7.5 per cent. Inasmuch as these patients were under all sorts of treatment, taken care of in the only way possible with various surroundings, it is evident that the devotees of the so-called Brand method must revise their statistics to meet the demand for an improved death-rate.]—*American Journal Medical Sciences*.

[We cannot see why some of the truths stated in the above does not apply with equal force to many other diseases beside typhoid fever. It is not necessary to call them by name, but our friends will easily recall them to mind. This reasoning does not only apply to the Brand treatment, but is also true of the other treatment for typhoid, which we so recently heard earnestly advocated. The truth is disease is not an entity to be driven out bodily, but is an expression of one or more distinct pathological changes, each to be dealt with. There are no specifics for distinct diseases, but there are for conditions or symptoms. Upon the recognition of the fact, call it what you may, rests the only reasonable, rational therapeutics of to-day.—W. N. M.]

Chloroform in Obstetrics.

In a paper read before the Obstetrical Society of Boston, Davis (*Boston Medical and Surgical Journal*), expresses the conclusion that the most recent experimental study indicates that the evil effects of chloroform result from vasomotor paralysis, causing the accumulation of blood in the abdominal viscera and bringing about partial or complete cessation of function in the nerve centres from acute anæmia. Pregnancy increases vasomotor tension and thereby renders the pregnant woman less liable to the injurious effects of chloroform. In normal labor the actual expulsion of the child may be safely rendered painless, dilatation of the birth canal furthered, and laceration

diminished by light and transient narcosis from chloroform. In tetanus of the uterus, eclamptic convulsions, and maniacal labor, chloroform is to be preferred to ether, and is most useful. Profound narcosis from chloroform is seldom if ever necessary in obstetric practice, and, like this condition under ether, is attended by risk. W. N. M.

Lead Poisoning.

Pel (*Centralblatt Fur Innere Medicin*) reports three cases illustrating the difficulty of recognizing lead-poisoning when the history is not clear: The first was a shoemaker, who acquired an intoxication from holding pewter-coated nails in his mouth. A cigarmaker, who rolled cigars in a pewter-covered board, and held the knife with which he cut them in his mouth between whiles, had typical plumbism. The third case was that of a diamond-worker, who for fifteen years was employed in fixing the small diamonds in a warm lead mass. The fingers were kept moist with saliva. This patient left the diamond factory, and five months later was attacked with lead poisoning. The case is interesting on account of the latency of the poison. Pel points out the great variation in the susceptibility of different individuals to plumbism. The cases reported must have been poisoned with very small quantities.

W. N. M.

ADVICE TO STUDENTS.—To the students now matriculating in the colleges of medicine in this country we commend the following words of Sir Astley Cooper, spoken many years ago at the Royal College of Surgeons: "Gentlemen, you are about to enter on a noble and difficult profession; your success depends on three things: First, on a good and thorough knowledge of your profession; second, on an industrious discharge of duties; and third, on the preservation of your moral character. Without the first (knowledge) no one can wish you to succeed; without the second (industry) you can not succeed, and without the third, even if you do succeed, success can bring you no happiness." You will hear much advice from teachers and perhaps from parents, but keep the above pasted in your notebook.—*Meyer Brothers Druggist*.

COLCHICUM.—Colchicum has a special affinity for fibrous tissues and hence is an excellent remedy in rheumatism. The best results have been secured with the lower potencies although some grand cures have been noted with the higher. It resembles pulsatilla in its rapidly changing pains and in the time of aggravation which is in the evening. A patient when colchicum is called for, is irritable, the very slightest pains appear unbearable, and the external impressions, such as noise, light and strong odors, are annoying. The urine under colchicum is dark red and scanty, which is exactly the condition found in rheumatism.—*Medical Visitor*.

SANGUINARIA IN CANCER.—A good many years ago, when living in Canada, a near neighbor, who was an inveterate smoker of tobacco, contracted what was supposed to be a cancer on the lower lip, where he was accustomed to hold his pipe. Several doctors pronounced the tumor cancer, and proposed extirpation with the knife; but a layman advised applying to the lip constantly a leaf of *sanguinaria canadensis*. It is a common weed in that country. He must have kept a leaf on his lip for a month or two. The tumor finally came out entire, and never returned. The treatment, I believe, caused him no pain. I have never since had the opportunity to try this treatment of cancer, and would like to hear if any doctor has.—**DR. J. G. MALCOLM.**

CALENDULA OFFICINALIS IN GALL STONES.—Dr. R. T. Cooper, in the *Homeopathic World* for January, reports a very interesting case of this affection cured by the internal use of calendula. He has noticed prior to the presentation of this case a symptom observed by one of his patients who had taken calendula, *i. e.* everything looked yellow, and having no other symptom to prescribe upon sent to the patient with gall stones this remedy. He prescribed calendula, and after a few days treatment the patient reported himself much better. Four weeks after she claimed to be entirely well. Her diet was not changed and the only thing added was cider as a drink.

FLUSHING THE COLON IN DIARRHEA.—One of the most helpful adjuncts in the treatment of entero-colitis is the use of a hot water injection. In young children this should be given by the attending physician or a most competent nurse, for it is not so easy to get the little ones to remain quiet. When it is well done though the result pays in the satisfaction which comes to one after doing a good piece of work. If it is necessary to put something in the water to please the parents one can drop a few drops of carbolic acid, but the hot water does as well without this as with it.—*Medical Visitor.*

CARE OF PREGNANT WOMEN.—Sufficient sleep and relief, so far as may be, from anxiety and worry and care should be afforded to the pregnant woman, whose nervous and digestive powers are taxed in the special functions to which she is then called. In many cases a want of due recognition on the part of her family and physician, of the extra strain upon her that is dependent upon her condition, leads to a condition of nervous irritation, and sometimes actual mania, which might have been prevented by a little consideration and watchfulness in time.—*Medical Review.*

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HAMAMELIS.

Everybody—profession and laity—uses witch hazel. The clear, distilled extract is used. Fluid extracts and tinctures are of slight, if of any worth. The dose of the distillate is from ten to thirty drops, three or four times a day. Like xanthoxylum, hamamelis is the remedy for feebleness and fullness of tissues. The mucous membranes are pale, full, and relaxed; their secretion is increased, and may be mucous or muco-purulent. The key to this feebleness and fullness is without doubt an enfeebled and engorged venous capillary circulation underneath. In the case demanding either the internal or local use of hamamelis, there is a call for a so called tonic, an astringent, and stimulant. It is not a decidedly active remedy, but its reputation has been established by much use.

Hamamelis internally is a remedy of no mean worth in many cases of pelvic trouble. There is relaxation of muscles, with fullness, weight and sluggishness in the perineum, the rectum, or in the ovarian region. There may be prolapsus of the womb, or of the ovary, or of the rectum.

Witch hazel exerts a specific influence upon the venous system. It influences the veins as certainly as strychnine does the nervous system. Through this effect it affects favorably varicose conditions generally. Varicose veins have been caused by its administration. Varicocele is bettered by it, and venous congestions, like phlebitis and phlegmasia dolens, are overcome by hamamelis. Congested ovaries or testicles, with a dull, heavy, aching pain, are benefited by hamamelis. Hemorrhoids are cured by hamamelis. We do not exploit it as a better remedy than the scissors, but in those cases which will not submit to an operation, in which there is fullness and congestion, weight, hamamelis is an excellent remedy. There is that other class of cases in which there is constriction, irritation, tightness, a feeling as though a cockle-burr were within the grasp of the sphincter. In these the remedy is collinsonia, not hamamelis. Note the distinction as well as the difference. Hamamelis is a kidney remedy when there is fullness and relaxation of the organ. There may be polyuria or hematuria.

It is a remedy for chronic vesical irritation when there is much fullness and tenesmus.

Hamamelis is not to be forgotten in many cases of chronic catarrh or ozena, in pharyngitis, in tonsillitis, in bronchitis, and in laryngitis. Usually the discharge is copious, and the tissues relaxed. In these cases the remedy should be given internally as well as applied locally by means of a spray or as a gargle.

In passive hemorrhage of any part or organ, hamamelis is an excellent internal remedy, because of its tonic action upon the veins. No matter whether the hemorrhagic ooze be from the lungs—hemoptysis, the kidneys—hematuria, the nose, epistaxis, the womb, the bowels, or the surface of mucous membrane at any point or place, give hamamelis. There is no better remedy for purpura hemorrhagica, and for a certain few cases of anemia, than hamamelis internally.

Though not a specific for either diarrhea or dysentery, there are certain cases occasionally of these troubles that yield promptly to this remedy. Pick them out. The fact is that *hamamelis cures hamamelis cases of any disease*.

Witch hazel has a most excellent reputation as a local application, both in the profession and out of it, to chafings, irritations, contusions, etc. Just now, if you will search the many foot ball captains of the country, you will no doubt find concealed about the persons of the greater number of them, the favorite and favored bottle of witch hazel. As a general remedy in this line, we believe it to be better than arnica. Hamamelis is a soothing, sovereign balm as a local application to burns, scalds and frost-bites, and eczema, and erythema, and herpes, and lupus, and carbuncle, and chancroid, and freckles, and hyperidrosis, and fissured anus, and ulcers, and itchings, and smartings, and swellings, generally and particularly. The ladies use it for tan and sunburn, and it does as well if not better than anything else. They should not add much if any glycerine to it; a little mite of glycerine might not roughen the skin, but an appreciable amount will do so.

Our most frequent use of hamamelis is as a part of an injection for gonorrhea. It is something like this: R—Lloyd's hydrastis f3ij; water, hamamelis, aa. f3ij. M. Sig. Use as an injection three or four times a day after urinating. If the case does not yield readily, the indicated remedy is given internally, and from ten to twenty grains of sulphate of zinc or of sugar of lead is added to the above injection. Care is always taken. We have no trouble to cure these cases, and stricture does not follow its use.

Much more might be written about hamamelis, but we forbear, only impressing upon you that hamamelis affects favorably *only* hamamelis cases, and that it will *always* do this regardless of the name of the disease. The dose of the distilled hamamelis is from ten to thirty drops every two to four hours. Locally it may be used from full strength to any dilution.

W. E. B.

SURGICAL HINTS.

CHEYENNE STOKES RESPIRATION.—In the administration of an anæsthetic, when the patient manifests the "Cheyenne-Stokes respiration," there is evidence of high arterial tension present, manifest by the throbbing carotids, and the discoloration of the neck and face: and there is always danger with this high intravascular pressure of a fatal termination, if the anæsthetic be pushed too rapidly.

This high intravascular pressure may cause a rupture of some of the cervical vessels, or an increased irritability and congestion of the respiratory centers, producing a sudden fatal termination. I believe that if the anæsthetist will, at this critical moment, cause to be administered hypodermatically, 1-25 grain of strychnia sulphate, it will tide over many a case that might otherwise go wrong.

* * *

In the commencement of the administration of chloroform, the physician should help the patient to become calm, and remain quiet during the taking of the anæsthetic, and some suggest pleasant thoughts to the patients, as they commence to come under its lethal influence. The dangers of chloroform or ether are greatly augmented when the patient struggles and fights the anæsthetist, and feels a sensation of smothering. It is always well for the anæsthetist, at this stage of the administration of the anæsthetic, to remove the cone for a moment or so, allowing the patient to get a little fresh air, and to again reassure him as the unconscious stage is approached.

* * *

In injuries of the spine from external violence, or a severe fall, or from any cause that produces a severe shock to the spine, the physician must watch carefully and guard against bed sores, which develop with great rapidity, and with the least provocation.

* * *

VARICOSE VEINS.—In varicose ulcers of the legs, or excessive varicose veins, I have found that the best method of dealing with these cases is to make an incision over the varicose vein, extending from its distal end to the highest point of its proximal showing, and dissect the skin carefully from over the varicose vein down on either side, after which the snap forcep is put on the vein at its superior showing, and the vein dissected down carefully to its distal border, and all removed.

The branches, to be sure, are ligated with chromicised cat gut, and also at either severed end of the vein. The wound is then dusted lightly with iodoform, and the cutaneous surface nicely approximated with the subcutaneous silkworm-gut sutures in sections of about four or six inches, so that on the withdrawal of the silkworm gut it can be removed rapidly, without the danger of breaking and losing it underneath healed tissue.

By this manner of dealing with varicose veins, the patient is relieved of this pathological condition, and the recovery is made in ten days or two weeks.

In differential diagnosis in regard to hydrocele, with a strong light placed on the opposite side of the tumor mass, with a cone excluding all other light, the translucent rays of the given light are manifest through the tumor mass. This is one of the most positive proofs in diagnosing hydrocele, except it be in young children, in which the intestine has descended into the scrotum, in which event the surgeon must use much caution, as the gas in the intestine, and the whole tumor mass sometimes is so translucent as to be very deceptive, and there would be danger in using the trocar of injuring the intestine.

* * *

In the diagnosis of abdominal tumors, the thick abdominal adipose tissue sometimes is very misleading to the surgeon. On percussion, the thick adipose tissue gives that wave-like appearance that is often noticed in fluids in the abdominal cavity or in the cyst. The thick abdominal tissue also gives rotundity to the abdomen, and in some cases requires extra precaution to differentiate between intra-abdominal tumors and other abnormal lesions. The better means for making the diagnosis is for the surgeon to massage and hold up all the thickened abdominal adiposed tissue by the aid of an assistant, extending through the umbilicus in either direction upward or downward, lifting it entirely upward. In this manner the intra abdominal lesion shows exactly the amount of bulging or enlargement, and in many cases the differential diagnosis in regard to intra-abdominal tumor or no tumor, is well established by this manner of examination.

Recently I have been called to operate on two or three supposed ovarian tumors, in which the apparent presence of a tumor was completely made out and excluded by folding the abdominal walls and holding them upward.

* * *

A new manner which I have adopted in closing the abdominal incision, following laparotomy, consists in inserting through the cutaneous and abdominal tissues, down to the peritoneum, a silkworm-gut suture, which closes the peritoneum by an over-and-over sewing, extending from its superior to its inferior border. The suture is then carried up through the tissues of the lower abdominal incision, and the peritoneal tissues are closely approximated by the traction of either end of the suture.

A second suture is carried through the cutaneous surface and adiposed tissue to the sheath of the recti-muscles, and this sheath is firmly sutured over and over, after the manner of closing the peritoneum. The cutaneous tissue is closed after the manner of the intradermic suture, one-fourth inch long, first on one side of the cutaneous incision, and then the other, lacing the incision together by pressure of the walls, and tightening each fold of suture from side to side.

Prior to the insertion of the suture in the sheath of the recti-muscle I always insert three or four interrupted silkworm-gut stay sutures, extending from a fourth of an inch from the edge of the cutaneous

incision, down through the adipose tissues, and include the sheath and recti muscles. These interrupted sutures are ligated on the completion of the subcutaneous suture, and are allowed to remain for a week or ten days, at which time the peritoneal and the sheath of the recti-muscle suture are withdrawn. If the interrupted sutures produce any irritation, they are always removed, leaving the subcutaneous suture to be removed several days later.

In this manner of dealing with the incision, there is no infection, as through the use of decomposing cat-cut ligatures, and the suture nicely approximates the edges by the over and over method, holding them in position, and is easily removed afterwards.

* * *

In dealing with incised wounds the blood is carefully wiped dry around the incision which is afterward buried in pulverized iodoform crystals or boracic acid, and the wound covered with dry antiseptic gauze. As long as the gauze remains perfectly dry, there is not the least danger of bacteria developing, and nature's repair by first intention is the rule.

Not long since I made an incision two feet in length, extending down the leg, dissecting out a large varicose vein, making the wound dry with plain aseptic gauze, and closing it with four subcutaneous cat gut sutures, and had complete union the whole length of the incision without a single drop of pus, so that we might safely assert that the length of an incised wound has little to do with the recuperative and healing powers of nature, if the wound is dressed dry and aseptic.

* * *

In those cases where there has been some septic infection, as a result of leakage from multilocular ovarian cysts, I have found, following the removal of these large tumors, very little shock or reaction, even in those cases where the peritoneum and intestines were greatly exposed, on account of intestinal adhesion; where we would naturally expect a high grade of peritonitis, this very seldom follows.

- May we not, then, from this experience of hundreds of cases, safely assert that there is an immunizing influence, brought about by this previous infection and peritonitis, which has caused such extensive adhesions. I would not be surprised if in the near future there would be a method developed that would immunize the peritoneum of patients about to submit to a laparotomy.

* * *

In the amphitheater of the city hospital, before the students, some few days since, I performed a uterine curettage—trachelorrhaphy and perinorrhaphy—and the operation was followed on the morning of the seventh day, on the same patient, by a laparotomy, in which a double oophorectomy was performed. At the time of the second operation, the sutures were removed from the repaired uterine cervix and the perineum, both of which healed nicely.

The removal of the sutures thus early, was on account of the intended ventral fixation of the womb, which would carry the cervical sutures too high to be easily removed later on. Following the removal of the sutures, I sterilized my hands as carefully as possible, and used thin rubber gloves to prevent infection of the wound or peritoneum. The second operation was a double oophorectomy and fixation. The patient made an uninterrupted recovery, without any evidence of sepsis or high temperature.

* * *

The addition of a little soda in boiling water in which instruments are boiled and sterilized, prevents the instruments from rusting, and also acts as an antiseptic. The boiled water, however, is as good an antiseptic as I desire, and the instruments need not be in the boiled water to exceed five minutes, to render them sterile enough for practical purposes.

* * *

A temperature of 101° and 102° following a surgical operation, is generally the result of reaction, and usually subsides in 24 or 48 hours; while a temperature of 104° is pathognomonic of sepsis, and a precursor of ill effect, requiring immediate attention on the part of the surgeon. A pulse-rate of 100 to 130, associated with a low or high temperature, is another warning of the approach of a serious condition, especially if there is slight rigors or a chill.

* * *

Following an operation, in which there has been stimulants used, say brandy hypodermatically, or strychnia, there is a danger to be guarded against for the next few hours, that the physician may omit the use of either or both, and allow the patient to collapse before warning is had in time to counteract this depression. It is always good advice to have the stimulating effects of the brandy or strychnine administered at stated times until re-action is fully established.

L. E. R.

VITAL RESISTANCE.

Vital resistance is the power of cells to resist the action of injuries or other agencies, and is of considerable importance in the treatment and etiology of disease. Vital resistance enables some individuals to live unharmed amid malaria, pestilence or contagion, while others are overcome and die. Immunity, whether inherited or acquired, consists in the power of cells to resist disease.

But this resistant power varies and is relative; those best suited to resist devitalizing agencies in one climate or under one set of circumstances, may not be so in another. Thus while the Esquimo is eminently endowed with resistant power against cold, uncleanness and foul air, he soon succumbs in torrid zones, while tropical inhabitants yield to the frigid influences of the arctics. Survival of the fittest is relative, and the fittest under one class of circumstances are not so when conditions change. Survival of the fittest does not mean survival of the best.

Vital resistance to the action of medicines has an influence upon the treatment; some patients possess abnormal resistant force for all remedies, and in such the ordinary dosage will prove inefficient. Others present a strong opposition or lack of opposition to certain remedies only—an idiosyncrasy sometimes manifested after gelsemium, aconite, nux, quinine, etc. I have known death caused by ten grains of acetanilid, while in other cases large doses of this drug produced no perceptible effect.

In the administration of chloroform we find that some patients will fall asleep upon the inhalation of a few drops, while others will require large quantities before anesthesia is produced. The resistant power of the body is increased by certain nervous conditions such as pain, and care must be taken to avoid death from overdose by abrupt yielding.

L. W.

TIGER LILY.

This is a remedy that we have used for at least ten years, and we assure JOURNAL readers that it will repay for time spent in a close investigation of its virtues as a remedy. Our experience is based upon the specific medicine, given in doses of a teaspoonful every two to four hours, of a mixture varying from ten drops to three drachms in four ounces of water. That it is an active remedy is proven by its having caused deaths in more than one instance when given in overdoses. We have seen it stated that it is sufficiently active to cause displacements of the uterus. Of course not directly, but through the reflex symptoms caused by its action upon the ovaries and other parts of the body. Certain it is, that tiger lily has a special influence primarily upon the ovary and the uterus, and later upon the circulation. It is a stimulant to the latter, producing shortness of breath and much palpitation of the heart when given too freely or too frequently. While we have studied it principally in the treatment of the diseases of women, we are convinced that there is a field for it in certain sexual conditions of the sterner sex. We will, however, not say anything of its use in this respect at this time.

But for the woman who has uterine or ovarian troubles, ovaritis, metritis, endometritis, vaginitis, and even prolapsus, not acute, but of the chronic type, tiger lily is a boon. These women are so common nowadays, that the picture is familiar. She is weak and is prostrated easily; there is usually a languor about her that overcomes any inclination to do any work, either mental or physical. She is restless, cross, irritable, excitable, satisfied with nothing, dissatisfied with everything. There is bearing down pain constantly, and an indescribable fullness and trembling or rumbling, together with soreness that is more or less relieved by pressure. These things, together with the reflex troubles that follow sooner or later, make of the woman who has them a very uninteresting and unpleasant companion. Her ailments are always uppermost in her mind, and she

tells them at all times and to everybody. These disturbances not infrequently bring their victim to the mad-house.

No single remedy that we have studied has a more beneficent effect upon these cases than has tiger lily. To be sure, a curettement is frequently indicated to rid the uterus of the products of a chronic inflammation, but after this has been done, and the desire is to modify for good the irritation still existing in the ovaries, nothing does so well, nor half so well, as tiger lily. Doctor, study it. W. E. B.

THREE NEW BOOKS.

The present year has been conspicuous in that our school of medicine has produced several valuable works.

Heretofore we have never sold any Eclectic book on the installment plan; but in order to enable all our readers to immediately secure the following books on easy terms, we shall make an exception, and therefore call attention to the following special offer:

Until further notice, we will send prepaid, *Farnum's Orthopedic Surgery*, *King's American Dispensatory*, by Felter and Lloyd, volume one, and *Ellingwood's Eclectic Materia Medica and Therapeutics*, all in cloth binding, on receipt of \$5.00, and an agreement to pay the remainder of the purchase price in five monthly installments of \$2.00 per month.

This is no reduction in price, but is offered simply for the installment feature, and in order that many of our readers may immediately, on easy terms, secure these three valuable acquisitions to our literature. If the second or third book mentioned is desired in sheep instead of cloth, one dollar each should be added to the first cash payment.

SELF CONFIDENCE.

The influence which a physician unconsciously exerts will prove helpful or harmful to his patient according to his belief or disbelief in himself or his remedies. When the doctor is thoroughly imbued with confidence in himself, in the efficiency of a remedy, and in his ability to cure disease, and by his general deportment impresses this belief upon the patient, then a remedy usually does that which was favorably anticipated, the character of the drug sometimes having little to do with the result. On the other hand, a wavering and uncertain manner causes failure. Old physicians, as a rule, use fewer remedies than the beginner, because, having through long experience become impressed with the virtues of these few, they convey this impression to the patient and every one about; hence a cure results.

Experience shows that although physicians differ widely in methods, many are equally successful in practice. We should not discredit the claims of a physician who reports success with a remedy which we have considered worthless. Perhaps he has been able to do that which, from lack of faith, was impossible to us. When a colleague,

whom I know to be honest, conscientious and capable, reports success with a certain remedy, and another just as trustworthy informs me that the same remedy has proven useless in his hands, I consider that both are truthful and both correct, and explain the contradiction by the personal equation, namely, confidence in the remedy in one case and lack of it in the other.

Every physician and every patient is a law unto himself; no iron-clad, unvarying course of treatment will fit every case; remedies must be adapted to conditions, and then there must be that peculiar intuition which enables us to unravel the tangle of complicated manifestations, and meet them with the right remedy.

L. W.

ELLINGWOOD'S MATERIA MEDICA AND THERAPEUTICS.

We have had the pleasure of seeing 311 advanced pages of the forthcoming work by Prof. Ellingwood, and without telling stories out of school can promise our readers that this work will please the most exacting. In the pages before us, 135 remedies have been considered in a systematic way, and at this rate the book will leave nothing wanting in the line of remedial agents. It will be the most complete of all Eclectic works devoted directly to materia medica and therapeutics. The book is very systematic, the type clean, the diction clear. Eclectic remedies are studied with care, and in addition to our armamentarium Prof. Ellingwood gives descriptions and uses of all the remedies that have an established standing in general medicine. If any error is made it is that of introducing too many remedies, for few of these outside drugs approach in value the established remedies of our school. We are struck by the modest tone in which the book is written; there being no arrogance observed in its pages. We are also much pleased to find that Ellingwood does not father the fads that catch some physicians who are inclined to make Eclecticism a side show and to wander into untried fields. This book will be before our readers this month, and our word for it, will soon be on the shelf of every progressive Eclectic.

HOSPITAL FACILITIES.

Arrangements with the hospital authorities in the different hospitals in Cincinnati have been completed, that we can have operations in the presence of our students, as many as deemed advisable to take on any operation.

Special arrangements have also been made with the Good Samaritan Hospital for the care of our clinical cases, and for the use of the amphitheater free to our students for the ensuing year, 1898-9. The amphitheater of the Good Samaritan Hospital is one of the best in the country, and will give a seating capacity for about 300 students. And the arena is well perfected for the operator and assistants, the conveniences being all that could be desired.

With this last acquisition our hospital facilities now consist of half a

dozen good hospitals, with elegant operating rooms and the advantages of trained nurses, and the best of care during convalescence; so that our physicians can, at any time they wish, bring or send in patients, either as pay patients or as clinical cases, to be operated upon before the class in the hospital.

In order that our practitioners may arrange for the entrance of patients at the hospital for clinical operation, we would state that the days at the City hospital are Wednesday, 11 A. M., at Saturday, 10.45 A. M., of each week; and at the Good Samaritan hospital Tuesday and Friday afternoons, at one P. M. Physicians intending to bring patients to the hospital for an operation, should place them on a restricted diet, not allowing them to eat any solid food for at least three days before coming to the city. The diet should consist of liquid food, also toast, eggs, canned fruit, etc. Give freely of sulphate of magnesium, morning and evening, for at least two or three days prior to the operation. By this manner of treating the case, the patient will be in fairly good shape for the operation soon after coming to the city. To be sure, bathing in hot water once a day, with good soft soap or soda, for at least three days before the operation, should not be neglected.

THE ECLECTIC MEDICAL JOURNAL FOR 1899.

During the coming year the ECLECTIC MEDICAL JOURNAL will present to its readers an unusually large number of valuable special papers. Nearly all the prominent teachers and writers in our school have agreed to contribute at least one special paper on some practical topic during 1899. These papers alone will be worth many times the subscription price of the Journal. A list of the special contributors will be found below.

The various departments in the Journal will be materially strengthened, and every effort made to give all that is worthy of presentation in medical science. The number of illustrations will be increased, and extra pages added liberally whenever needed.

THE STAFF.—*Managing Editor*—John K. Scudder, M. D.

Assisted by—W. E. Bloyer, M. D.; Harvey W. Felter, M. D.; E. Freeman, M. D.; John Uri Lloyd, Ph. M.; L. E. Russell, M. D.; R. L. Thomas, M. D.; Lyman Watkins, M. D.; R. C. Wintermute, M. D.

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J. A. Jeancon, M. D., Newport, Ky.	

Department on Otology and Ophthalmology, conducted by Kent O. Foltz, M. D.

Carefully selected Periscope from leading journals.

BOOK NOTICES.

DYNAMICAL THERAPEUTICS. A work devoted to the Theory and Practice of Specific Medication, with special reference to the newer remedies. By Herbert T. Webster, M. D., Professor of Practice in the California Medical College, with notes on Pharmacy by Prof. Lloyd, and Therapeutics of the Eye and Ear by Prof. Foltz. Second edition, revised. 8vo., 984 pages. Cloth \$5.00. Webster Medical Publishing Co., San Francisco. Sold by subscription.

Mechanically there can be little criticism of Professor Webster's revised work, but as it appears at about the same time as the new revision of King's Dispensatory and Professor Ellingwood's new Eclectic Materia Medica, our readers will be entitled to a critical review of this work at our hands.

There is not as great a revision of the original edition as one might expect, although there are 181 additional pages of new material. The arrangement of topics is inconvenient, requiring a search in several sections for information concerning a drug, but this was no less true of the former edition. The nomenclature is not up to date, and a professional critical chemist would probably find much fault were he inclined to be unfriendly, but we shall not dwell at length on these features. We observe that such terms as *morphtia sulphas*, in which the terminal *ia* is used for *ina*, causing confusion between a drug and its alkaloid, and we even note the obsolete term, *ferrocyanuret*.

There are also occasional errors of identity, thus, "*Anemone nemorosa*" is considered as "*Pulsatilla Nuttalliana*." Occasionally one species only is given as the source of a drug when other species contribute equally.

In some instances doubtful properties have been accorded drugs. Thus, *Corallorhiza* is mentioned as a "valuable astringent, very useful to arrest exhaustive discharges." Astringency is not a characteristic possessed by that drug, which is decidedly diaphoretic and diuretic.

Again. *Aletris* (pp. 464-650), is given great prominence as a remedy for female disorders, etc.; the confusion arising from confounding *helonias* and *aletris* has given the latter a reputation justly belonging to the former. But we are not disposed to be critically severe on one who possesses many qualities for good if used judiciously in the Eclectic school.

In the direction of medicine, Prof. Webster is at his best when he tells what he knows from personal experience. Throughout the work he admirably displays his knowledge of drug action along Eclectic lines, and our only regret is that in some directions he has heedlessly, as we see the matter, deserted established Eclectic remedies for those of other schools. But these exceptions are unimportant in number and mainly embrace high dilutions or triturates, such as the Schussler Tissue Remedies that, in the words of a prominent Homoeopathic author, are by Schussler himself considered "entirely distinct from Homoeopathy." They are so dilute that if they do little good, they can do no harm, and this is in their favor as compared with many remedies Prof. Webster might have taken from the Old School had he inclined in that direction.

We note with pleasure the conservative manner in which the author treats the antitoxins. While not disposed to ignore them when other remedies fail, he still considers them too dangerous to use excepting as a last resort. He says: "It is well, however, to recollect that we possess an excellent and harmless antitoxin in echinacea, and whether any other remedy can equal it is yet to be proven." A statement thousands of Eclectics will endorse.

The part of the work that will appeal most strongly to Eclectics will be that which embraces the specific action of standard Eclectic remedies, and we congratulate the author on having, as a rule, adhered to the Eclectic features that gave his other edition a successful sale and many staunch friends. Eclectic physicians seek modern Eclectic medication when they purchase Eclectic books, and pride themselves on the author who stands by the work of the fathers. When they want Homoeopathy and Regular medicine they turn to authors of those schools and get the genuine article by men who stand under those banners.

F. J. L.

PRACTICAL DIAGNOSIS. The Use of Symptoms in the Diagnosis of Disease. By H. A. Hare, M. D. Third edition, revised. Octavo, 615 pages, with 204 engravings and 13 full-page colored plates. Cloth, \$4.75, net. Lea Brothers & Co., Publishers, Philadelphia.

The object of this work is to place before the physician and student the subject of medical diagnosis as it is seen at the bedside.

The work consists of a good introduction on "General Diagnostic Considerations," which is followed by the two main divisions. Part I, consisting of thirteen chapters, devoted to the "Manifestation of Disease in Organs," and Part II, of nine chapters, devoted to the

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Is recommended in cases where opium and its preparations, the bromides, chloral, etc., can not be given, or are not well borne, and where it is undesirable to lock up the secretions. It is recommended in tetanus, cerebral pain, hysteria of women, dysmenorrhoea, tic douloureux, accelerated respiratory movement, pain in the rectum, neuralgia of the heart.

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H. F. S.

AN AMERICAN TEXT BOOK OF THE DISEASES OF CHILDREN. By American Authors. Edited by Louis Starr, M. D., Consulting Pediatricist to the Maternity Hospital. Philadelphia. Published by W. B. Saunders, Philadelphia. Cloth, \$7 00.

With the 1200 pages included in the second and revised edition, we have no hesitancy in expressing an opinion that this is the most complete work ever published on diseases of children. In the present edition, besides an exhaustive treatise of all the usual and general diseases, special chapters will be found on essential surgical subjects, orthopedics, diseases of the eye, ear, throat and nose, diseases of the skin, besides chapters on the diet, hygiene, and general management of children. Sixty-five American teachers and authors have contributed to the work, several of whom are from Cincinnati. The number, reputation and prominence of the contributors give especial value to the work. There are many illustrations, a number of which are colored plates. We gladly commend the work to any and all who may desire something on the subject, and are waiting for the best.

R. C. W.

PRIMITIVE CHRISTIANITY. By Joseph Rodes Buchanan, M. D., San Jose, Cal. Volume II. Containing "The Religion of Jesus Christ, and what it would Achieve for Mankind," etc.

This second volume of "Primitive Christianity" is, if possible, even more interesting than is the first. The two volumes constitute a commanding ecclesio-religious library in themselves. No right-minded person can read them without being made wiser, and gentler, and nobler, and consequently happier for it. The author is good, learned and zealously earnest. His literary style is lofty, scholarly, and authoritative. The whole is haloed with a spirit of infinite love and tenderness, leaving in the memory of the reader a fragrance, as of zephyrs from elysian fields. Reader, whatever your religious predilections, get this work and take a plunge in its crystalline sea of beauty and sweetness.

W. C. C.

AN ABRIGED THERAPY MANUAL for the Biochemical Treatment of Disease. By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth edition. In part rewritten. Translated by Prof. Louis H. Tafel. Philadelphia: Boericke & Tafel. Price, cloth, \$1.07 net, by mail.

If one wants the true fountain head Schuesslerism at a reasonable price and in due form this is the book to buy. Curiosity, worth, or something, at least, has sold twenty four editions. This is a translation of the twenty fifth German edition and it differs materially from the preceding editions. The author, Dr. Schuessler, died just after

completing his revision and before the work was printed. Curiosity, and not faith in the system, prompted us to read it carefully. The time was not lost, for we were interested. But, as Dr. Cooper has said, "Alas, Schuessler, with all his good intentions, has not given us a better medical way unless it is not a fact that medicinality depends upon heterogeneity and homogeneity with reference to the animal organism; unless it is a fact that a fault of assimilation may be corrected by treating its effect; unless mental puerility is ultimate perspicacity, and sciolism is philosophy."

Physically the work is up to Messrs. Boericke & Tafel's highest standard. It contains a fac-simile letter of the author and a short account of his life.

W. R. B.

CONVERSATIONS ON ANIMAL LIFE. Price, \$1.50.

Those of our readers who have neglected to secure this work have missed a charming and useful book. It is the only book the late Prof. Howe designed for popular reading. Children are instructed concerning the natures of animals, fish, reptiles and insects, and the information imparted to "grown up children" is not less valuable by reason of its charming and simple presentation. No more useful 'Xmas present can be made a child, and the admirer of Prof. Howe who proposes to make a child happy the coming 'Xmas can do no better than present it with this admirable book.

THE CHANGE OF LIFE in Women and the Ills and Ailings Incident Thereto. By J. Compton Burnett, M. D. Philadelphia: Boericke & Tafel. Cloth, \$1.00.

This old subject, that means so much to women, and too often so little to the doctor, is considered by the author in a series of clinical reports. While the reports are interesting to the reader, the work is not quite up to his former excellent little books. Still the price is small and one can get his dollar's worth from its perusal.

R. L. T.

A CLINICAL MANUAL of Skin Diseases. By W. A. Hardaway, M. D. Lea Bros. & Co., Philadelphia. Cloth, \$2.25.

This manual of skin diseases is one of the most practical works on this troublesome subject we have seen for some time. The subject matter is concise, yet full enough for all purposes. The treatment is up to date. Just the book for the busy practitioner.

R. L. T.

1899 COLUMBIA CALENDAR.—The Pope Mfg. Co., of Hartford, Conn., has issued the Columbia Desk-pad Calendar for 1899. This handy reminder has been for years one of the most pleasing of special advertising features. Any person may obtain a copy by applying to the nearest Columbia dealer or by sending five 2 cent stamps to the Calendar Department, Pope Mfg. Co., Hartford, Conn.

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WITH INDEX ARRANGED BY

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EDITORIAL FROM E. M. JOURNAL.

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MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of alkalis and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruptions, herpes, parvulus, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhin poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operative hands, sponges, and instruments. For its cleansing and antiseptic effect it may be employed in wounds of all kinds, chilblains, bed sores, ulcerations, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNECOLOGY.—It is useful in all irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan.

I have had for several years what I call winter eczema on my hands; commenced using Asepsin Soap last winter and my hands were in better condition then than they have been for a number of years.

K. W. CHALFANT, M. D., Melbourn, O.

Have been using Asepsin Soap and find it very fine for cleansing old sores, also for toilet purposes.

DANIEL A. CHASE, M. D., Cambridge, N. Y.

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THE CARE OF THE BABY—Practical Directions for the Management of Infancy and Childhood in Health and Disease. By J. P. Crozer Griffith, M. D. W. B. Saunders, Philadelphia. Price, \$1.50.

This is a small work of near four hundred pages, so arranged as to treat of the various subdivisions of the subject in a dozen chapters. The work is especially calculated for mothers and nurses and contains much information that would be of assistance and value to both. This is the second edition of the work and it has been considerably enlarged and improved. It is a book that may be read with interest and profit by the general practitioner.

B. C. W.

RELIGION AND LUST, or the Psychical Correlation of Religious Emotion and Sexual Desire. By James Weir, Jr., M. D. Second edition, cloth, 338 pages. Price, \$1.50. Published by Z. T. Lorrey, Box 104, Owensboro, Ky.

As there were several errors in the transcript of the descriptive part of the above book in the November JOURNAL, we give a correct heading in the way of an explanation.

PHYSICIAN'S VISITING LIST FOR 1899. P. Blakiston Son & Co., Publishers, Philadelphia.

Sizes ranging from 25 to 100 patients per week, \$1.00 to \$2.25 net. This is the forty-eighth year of the publication of this compact visiting list. It answers all the purposes of convenience and enables physicians to make entries which will be considered legal in the courts of law, and accounts can be daily or weekly transferred to the ledger.

JOURNAL BINDERS.—Several years ago we sold a temporary JOURNAL binder of New York manufacture which never proved very satisfactory and we withdrew them from sale. We have now had a special binder made for our ECLECTIC MEDICAL JOURNAL by the Weiss Co., of Toledo, which can be used temporarily or for permanent binding. It is made of half cloth, paper sides, and lettered neatly on the back. It holds twelve issues, after tearing off the covers and advertising from each number. We can send same post-paid on receipt of Fifty Cents.

COLLEGE AND SOCIETY NOTICES.

THE Central New York Eclectic Medical Society held its 31st annual session at the Empire House, in the city of Syracuse, on Oct. 12, 1898. A profitable time was enjoyed, three new men joined us. The officers for the coming year were, Dr. A. C. Taylor, of Baldwinsville, President; Dr. K. D. Brogu, of Oneida, Vice-President, and Dr. D. E. Ensign, Secretary and Treasurer, of McGrawville; the Board of Censors, Drs. F. R. Sinclair, of Lysander, C. L. Wakeman, of Locke, and H. J. Terpening, of South Hannibal.

The Twenty-Third Semi Annual Meeting of the Maine Eclectic Medical Society will be held at the Preble House in Portland, Me., on Wednesday, December 14, 1898, at 10 o'clock in the forenoon. The topic for discussion will be the three stages of labor. As numerous papers have been promised the time will be fully occupied. The officers for 1898 9 are: President, Josiah Lister Wright, Dunham; Vice-President, George Albert Weeks, Richmond; Recording Secretary, Henry Reny, Biddeford; Corresponding Secretary, William Collins Hatch, New Sharon; Treasurer, Theophilus J. Batchelder, Machias; Librarian, Emma Frances Marble, Gardiner.

WILLIAM C. HATCH, Corresponding Secretary.

The Railroad Surgeons of the Big Four R. R. held their fifth annual convention at the Grand Hotel, November 16 and 17. A banquet was tendered the seventy-five members of the Association by Gen'l. Mgr. C. E. Schaff on the evening of the first day. Prof. Russell, who was President of the Association, acted as toastmaster. The following toasts were responded to:

"Response to Welcome," J. H. Ford, M. D.

"The Relation of the Surgical Department to the Operating and Legal Department of a Railroad Company," S. O. Bayless, Esq.

"The Passenger," E. O. McCormick, Esq.

"The Railway Surgeon," F. D. Bain, M. D.

"Our People," J. C. Sexton, M. D.

"The Past, Present and Future of Railway Service," J. Q. Van Winkle, General Superintendent.

"Pins, Links and Couplings," Howard Saxby, Esq.

"A Hoosier on Wheels," Judge Hackney.

"Duty," G. W. H. Kemper, M. D.

"Extension of Territory," Judge H. Ferris.

Among the guests of honor were Judge Hackney, of Indiana; Judge Howard Ferris and Prof. John Uri Lloyd. President M. E. Ingalls, who was down for a response to a toast, was unavoidably absent, and sent his regrets.

The regular surgical programme Thursday proved very interesting.

PERSONALS.

Dr. J. H. Wynn, E. M. I., '94, is prospering nicely at Forest, O.

Dr. F. S. W. Cook, E. M. I., '97, is happy at 625 Stickney Av., Toledo.

Dr. A. E. Archer, E. M. I., '94, formerly of Sardinia, O., is now doing well at Fincastle, Ohio.

Dr. E. W. Schooley, E. M. I., 72, has recently located at 1107 Monroe Street, Toledo, Ohio. We know that he will do well. He cannot do otherwise, for he is an excellent physician.

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Dr. John B. Wilson, E. M. I., '53, is comfortable and happy at 61 North Main St., Mansfield, Mass. He conducts an excellent drug store.

Dr. D. C. Rowland, E. M. I., '76, does exceedingly well at Sioux City, Ia.

Dr. A. W. Porter, E. M. I., '76, has everything his own way at Loogootee, Ind.

Dr. D. E. Ensign, E. M. I., '88, is doing finely at McGrawville, N- Y. He can locate two or three good Eclectics in paying places.

Dr. G. W. La Follette, E. M. I., '81, of Poe, Ind., can direct a good Eclectic to a good place. Address him with stamp.

Dr. Homer Michener, E. M. I., '90, is doing excellently at Wichita, Kansas. He is Professor of physiology and zoology in the Friend's University—the largest and finest building under one roof devoted to school purposes in the United States.

Dr. B. Gordon, E. M. I., '91, of Bippus, Ind., can direct a good Eclectic to an excellent location. Write him with stamp. One who can speak German will do best.

Dr. Chas. O. Fletcher, E. M. I., '94, was married October 19, at Wahoo, Neb., to Miss N. Bernice Cornell, a lovely young lady. They are now "At Home," at Ithaca, Neb.

Dr. K. O. Foltz, the successor to Dr. W. B. Scudder, as Professor of Eye and Ear in the E. M. Institute, is now pleasantly located in the Odd Fellows' Building, 7th and Elm Sts., and is encouraged with the outlook. Eclectics should rally round our Eclectic specialists.

Harry D. Todd, M. D., E. M. I. '98, who has been practicing in Akron for several months, has just been elected a member of the Hospital Staff in that city. The JOURNAL offers its congratulations to Dr. Todd.

Good country location. For particulars address, with stamp, Dr. Butler Cooper, Arapahoe, Neb.

Location for a physician in a new and growing town in Nebraska. An active young Eclectic would do well there from the start. For particulars address Frank A. Johnson, Wellfleet, Neb.

WANTED—An active Eclectic who also had some experience in a drug store to locate in a good town in Idaho. No drug store or physician nearer than 45 miles. For particulars address Mr. J. P. Stevenson, Hagerman, Idaho.

DIED—At Mt. Victory, Ohio, November 7th, Dr. C. M. Morrow, E. M. I. '71. Dr. Morrow was a student of the late Dr. Samuel of Delaware, and practiced medicine at his home address since 1865. He was an active member of the Northwestern and Ohio State Eclectic Medical Associations. He was also a member of the G. A. R. and I. O. O. F. On account of ill health he had not been in active practice for several years. His son, Dr. B. B. Morrow, E. M. I. '97, will continue his practice at Mt. Victory.

MARRIED—At St. Louis, Mo., November 10, Miss Ida Bell Phelps to Mr. T. J. Enslin. The bride was a relative of the late Prof. King, and Miss Bonnie Miller, one of the attendants, being a great-granddaughter of Prof. King.

FOR SALE.—A well established country practice in Southern California. Address Q. A. R. HOLTON, M. D., Ramona, California.

READING NOTICES.

THE PRACTICAL TREATMENT OF SCALDS AND BURNS.—N. David Chapman, B. S., M. D., of Syracuse, N. Y., after detailing four cases of more or less severe burns in which he derived great help from the use of Unguentine, which was alternated and compared with the usual oily applications, reached the following conclusions regarding this valuable preparation: A—Easy to apply. B—Great relief to patient, it acting as a sedative, cooling and non-irritating. C—It does not dry out so quickly, and consequently the dressings do not have to be changed so often. D—Rapid cicatrizing. E—When used prevents granulation tissues. F—It is non-toxic. G—Patients recover more quickly under the Unguentine treatment than any other. H—Prevents the necessity of skin grafting in a good many cases by hastening the reparative processes. I—It is much more convenient, neat and practicable.—*Abstract from article in New York Medical Journal.*

Dr. Paul Nogues, cited in the *American Practitioner & News*, has derived excellent results from the treatment lately recommended by Prof. Neisser in cases of acute gonorrheal urethritis. It is his custom to direct the patient to take three injections of protargol solution daily, viz., morning, midday and night. At the end of several days the first two injections may be restricted to one at night. As regards the strength of the solutions employed, the author considers it advisable to commence with 0.25 per cent. solutions and increase rapidly to one per cent.

Dr. Walter M. Fleming says, that in acute attacks of laryngeal or winter cough, tickling and irritability of larynx, antikamnia and codeine tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five grain tablet, containing $4\frac{1}{2}$ gr. antikamnia and $\frac{1}{4}$ gr. sulphate codeine, an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva. In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this, without establishing an exaction, requirement, or habit in the system, as morphine does.—*The New York Medical Journal.*

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GOUTY ATTACKS.—At those times of the year when the atmospheric conditions are especially variable, patients having a gouty tendency are particularly liable to acute exacerbations of this disease. Of remedies for the prevention of gouty attacks many have been suggested, but few are worthy of confidence. Of those which are reliable, the most agreeable and efficient, according to many authorities, is lycetol, the tartrate of piperazine. One of the great advantages connected with the use of this drug is that it is extremely pleasant to take and may be administered for long periods without disturbing the digestion, or affecting the general health. At those times of the year, therefore, when gouty subjects expect an attack, a course of lycetol, fifteen grains daily in an abundance of water, will do much towards warding off the exacerbations of the arthritic process. This remedy acts directly upon the cause of the disease by keeping the uric acid in a soluble state and favoring its elimination by reason of its diuretic influence.

The Journal of the American Medical Association for August 20, contains a report on inflammation of the prostate gland, which was presented to the Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Col., June 7-10, 1898, by Liston Homer Montgomery, M. D., of Chicago, Ill. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder.

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